

# **POLICIES and PROCEDURES**



**Table of Contents**

## ORIENTATION

<b>Chapter 1 – Organization and Administration</b> .....	4
Mission Statement.....	5
Core Values.....	5
Scope of Services/Funding Sources .....	6
Organizational Chart .....	7
Independent Living Orientation .....	8
<b>Chapter 2 – Standards, Policies and Procedures - Individuals Receiving Services</b> .....	9
Consumer Bill of Rights and Responsibilities .....	10
Complaint and Grievance Procedures .....	12
Satisfaction Survey .....	13

## POLICIES AND PROCEDURES

<b>Chapter 3 – Standards, Policies and Procedures for Service Delivery</b> .....	15
Compliance Statement .....	16
Code of Conduct.....	17
Conflict of Interest Policy .....	23
HIPAA, Privacy and Confidentiality .....	30
Incident Management Policy .....	37
Incident Reporting Policy .....	38
<b>Chapter 4 – Policies</b> .....	40
Advocacy Policy .....	41
Affirmative Action Policy .....	42
AI Policy.....	43
Airborne Infectious Disease Exposure Prevention Policy .....	47
Business Associates Policy .....	53
Data Management Policy .....	55
Educational Assistance Policy .....	61
Effective Accommodations Policy .....	65
Equal Employment Opportunity Policy .....	67
Fiscal Policies:	
Donations/Contributions Policy .....	69
Investment Policy.....	72
Non-discrimination Policy .....	73
Record Retention Policy .....	75
Social Media Policy.....	81
Sexual Harassment Prevention Policy .....	84
Whistle Blowers Policy .....	89
<b>Chapter 5 – Scope of Services/Funding Sources</b> .....	89
Independent Living Services (ACCES-VR).....	93
• Open Doors	
• Employment Services	
• Equine Therapy	
• Benefits Advisement and Healthcare Navigation	
• Parent Advocacy	

- Peer Services
- Pro-Youth
- Independent Living Skills Training
- Information & Referral Services
- Transitional Support

Consumer Directed Personal Assistance.....94

CHORE..... 95

Integration Services ..... 96

- Rockland County Re-Entry Task Force
- SAMHSA
- IDDATI
- Employment Focused Services

Veteran Services.....97

- PFC Joseph P. Dwyer Veteran Peer Support Program (Vet to Vet)
- Veterans Accessible Transportation Program
- Peer to Peer Mentoring for Justice Involved Veterans

Vision Services.....98

- Vision Rehabilitation Therapy
- Teachers of Students with Vision Impairments
- Orientation and Mobility

Micro-Businesses & Innovations ..... 99

- Independence Café
- Independence Café – A Unique Boutique
- Active Connections

## APPENDICES

Compliance Program..... 101

Compliance Plan and Code of Ethics .....107

Independent Living Orientation..... 119

Employee Handbook ..... 160

CDPA Manual ..... 182

Service Record & Intake Form

Incident Report

Fiscal Policies & Procedures Handbook

# **ORIENTATION**

## **Chapter 1 – Organization and Administration**



## **MISSION:**

The mission of BRIDGES is to provide advocacy and leadership towards an accessible, integrated community, promoting health and autonomy for people with disabilities.

## **CORE VALUES**

Synergy	BRIDGES believes individuals working together for the mission and vision of the organization is more powerful than the efforts of individuals working on their own.
Dignity & Worth	BRIDGES acknowledges and honors the inherent right and value of each person and treats people in a caring and respectful fashion.
Acceptance	BRIDGES values diversity and inclusion and embraces differences in others.
Empowerment	BRIDGES encourages self-determination, choice and autonomy.
Leadership	BRIDGES champions efforts that lead to change that enhances quality of life within the disability community.

## **Scope of Services/Funding Sources**

BRIDGES, a 501c(3), was founded in 1987 under the name Rockland Independent Living Center (RILC). We are a community-based, peer-driven, cross-disability, not-for-profit organization dedicated to advocacy and leadership on behalf of people with disabilities. BRIDGES is one of 41 Independent Living Centers (ILC) operating in New York State under the auspices of New York State Education Department (NYSED). Each ILC adheres to a national philosophy of Independent Living (IL) that seeks to empower individuals with disabilities to make autonomous decisions regarding all aspects of living and advocating to ensure equal access to opportunities desired.

In accordance with the IL philosophy, BRIDGES is governed by a Board of Directors that has majority representation of people with disabilities. As an ILC, BRIDGES provides essential core services of Independent Living. These include:

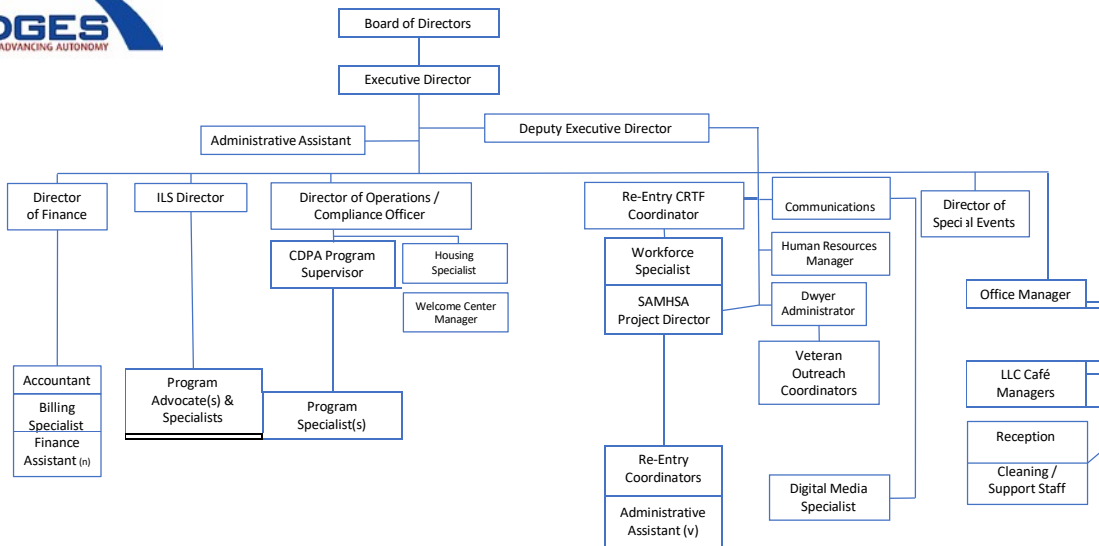
- Peer Counseling
- Independent Living Skills Training
- Information & Referral
- Individual & Systems Advocacy
- Transition Supports

BRIDGES serves people with disabilities, Veterans, older adults, and individuals who are re-entering the community after incarceration and helps them to achieve independence. Each department follows a peer-based approach and adheres to the Independent Living philosophy. Services are delivered in furtherance of BRIDGES mission.

# ORGANIZATIONAL CHART



Organizational Chart



## **Independent Living Orientation**

The Independent Living Movement has a very rich history, dating back to the early 1970's and built upon the times of social action by people with disabilities, who made it their mission to raise awareness around the need to respect and value the dignity of each individual regardless of their disability. Since the enactment of the Rehabilitation Act of 1973, which prohibited discrimination against individuals with disabilities, the Independent Living Movement has actively pursued legal protections that guarantee equality as well as equitable access and opportunity for people in all areas of life.

The Independent Living Centers across the country are proud movers and shakers and are in part responsible for the signing and enactment of the Americans with Disabilities Act (ADA). Advocates at Independent Living Centers push for reforms in policies and legislation that improve access and equality, thereby improving life for people who might experience barriers. The Independent Living Philosophy understands that disability is a natural part of the human experience and that communities have a responsibility to ensure everyone has access to everyday life opportunities. Independent Living Centers, like BRIDGES, remove barriers and advance autonomy!

Today, the Independent Living Movement continues its momentum, empowered to make changes that remove systemic barriers, both social and physical. BRIDGES is one of 44 Independent Living Centers (ILC) operating in New York State under grant funds that are passed on by the New York State Education Department (NYSED). Each ILC adheres to a national philosophy of Independent Living that seeks to empower individuals with disabilities to be as independent as they can in the communities in which they live.



## **Chapter 2 – Standards, Policies and Procedures - Individuals Receiving Services**

# Consumer Bill of Rights and Responsibilities

## PARTICIPANT RIGHTS AND REPOSNSIBILITIES

### Participant Rights

#### **You have the right to make informed decisions.**

BRIDGES is a peer-directed Agency and you have the right to manage your own goals. The staff at BRIDGES are here to provide you with adequate information and guidance as you navigate the decision making process that will enable you to pursue the lifestyle of your choicewith independence.

#### ***You have a right to accessible information about services that are available to you.***

BRIDGES is committed to empowering you to exert independence, choice, and control in every aspect of your life and in so doing; we honoryour right to accessible information, in a form and language that you understand so that you can make informed decisions.

#### ***You have the right to an advocate or personal representative.***

You have the right to designate someone to act as your personal advocate with the authority to help you assert all the rights specified in this document. You have the right to have a personal representative/advocate present during all meetings and consultations at BRIDGES.

#### ***You have a right to be treated with respect and dignity.***

BRIDGES believes that all people must be treated with dignity and without regard to race, culture, ethnicity, religion, sexual orientation, national origin, disability, age, or socioeconomic status. You have a right to receive considerate, respectful service at all times and under allcircumstances, with recognition of personal dignity, diversity, and religious or other beliefs.

#### ***You have a right to safety.***

At BRIDGES, we place your safety first. Every staff member has a role in maintaining a safe environment. Your perception of risk and safetyas well as suggestions for improvement will be heard and responded to appropriately. Your recommendations for improvement are alwayswelcome. You may submit your suggestions by emailing [compliance@BRIDGESrc.org](mailto:compliance@BRIDGESrc.org) or by calling the Compliance Hotline at 845-215-1013.

#### ***You have a right to voice your concerns.***

If you or your personal representative has a concern about any aspect of our services, you are urged to let us know so we can resolve it promptly. We consider your comments and grievances as opportunities for us to improve services. BRIDGES is committed to addressing your concerns and as such we request for you to submit your complaint in writing to a staff member. Grievance forms can be accessed by speaking to the front desk receptionist, or your Advocate. All grievances are held in confidence and will not affect any services that you mayseek in the future.

### ***Participant Responsibilities***

BRIDGES will provide you with programs and resources to support you regardless of race disability, age, religion, ethnicity, sex or economicstatus in a respectful and professional manner. BRIDGES will

work with you collaboratively to obtain your stated goals as long as you are working cooperatively on the objectives. As BRIDGES is peer-directed Agency, your role in exerting independence is integral to the joint effort required to meet your Independent Living goals and objectives. As a participant you play an integral role in acquiring services at BRIDGES because our services are peer-directed in nature.

Therefore, you are responsible for:

Participating in efforts to exert independence.

Respecting all members of BRIDGES, including staff, other participants, and visitors.

Providing, to the best of your knowledge, accurate and complete information about your current state of health and wellness as it applies to receiving supports through BRIDGES that helps you to become more autonomous.

Reporting unexpected changes in your condition that may affect how we assist you, to the responsible Advocate. Communicating whether you clearly understand the scope of available services and what is expected of you.

Keeping your appointments and notifying BRIDGES staff when you are unable to do so. To cancel or reschedule an appointment with an Advocate, call (845) 624-1366.

### ***Standards of Conduct***

#### **As participant, you may agree to:**

Engage in positive behavior and avoid any activities that constitute abuse, whether physical, verbal, financial or emotional to any member or members/participants of BRIDGES

Contribute to a safe environment by agreeing to avoid possessing dangerous or unauthorized materials or weapons such as firearms, knives, or explosives while on BRIDGES property, or with BRIDGES staff, volunteers, visitors, or associates offsite

Use BRIDGES property only for the intention to fulfill your Independent Living goals  
Avoid any criminal conduct while on BRIDGES Property

Avoid any inappropriate behavior, including disorderly or obscene conduct, fighting or threatening violence on the premises

Respect all Agency property and avoid damaging, destroying, stealing, or engaging in the unauthorized removal of BRIDGES property

Receive appropriate direction from BRIDGES staff, volunteers, or associates as it pertains to service delivery

### **Complaint and Grievance Procedures**

If you are not fully satisfied with your experience at BRIDGES, you may use the following methods to address concerns you have with our services:

You may request without prejudice, another Advocate who can remain the sole provider for the services you request

If you are unsatisfied with the service, you may first request a meeting with your Advocate, and you may even request that their Supervisor be present to hear your concern. After the initial meeting, should you still be unsatisfied with the service, you may call the Compliance Hotline at 845-215-1013.

You may request to speak to the Executive Director, if you continue to remain unsatisfied with the service. You may choose to bypass these options and directly contact ACCES-VR offices at:

Phone: 1-800-222-5627

Address: Joe Tedesco, Program Manager  
ACCES-VR  
1 Commerce Plaza, Room 1601  
Albany, NY 12234

You may choose to contact the Client Assistance Program (CAP) with ACCES-VR questions or concerns:

Phone: 518-432-7861 (Voice and TTY)  
800-993-8982 (Toll Free)

Address: Disability Rights New York  
5 Clinton Square, 3<sup>rd</sup> Floor  
Albany, New York 12207

[mail@disabilityadvocates.org](mailto:mail@disabilityadvocates.org)

You must file your complaint about services rendered at BRIDGES by:  
Submitting your complaint in writing by completing a 'Participant Grievance Form'

## Satisfaction Survey

How responsive has BRIDGES been to your questions or concerns?

- Extremely responsive
- Very responsive
- Somewhat responsive
- Not at all responsive

How long have you participated in BRIDGES programs/services?

- Less than six months
- Six months to one year
- 1-2 years
- More than two years

Overall, how satisfied are you with BRIDGES?

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Not so satisfied
- Not satisfied at all

How well does BRIDGES service meet your needs?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not well at all

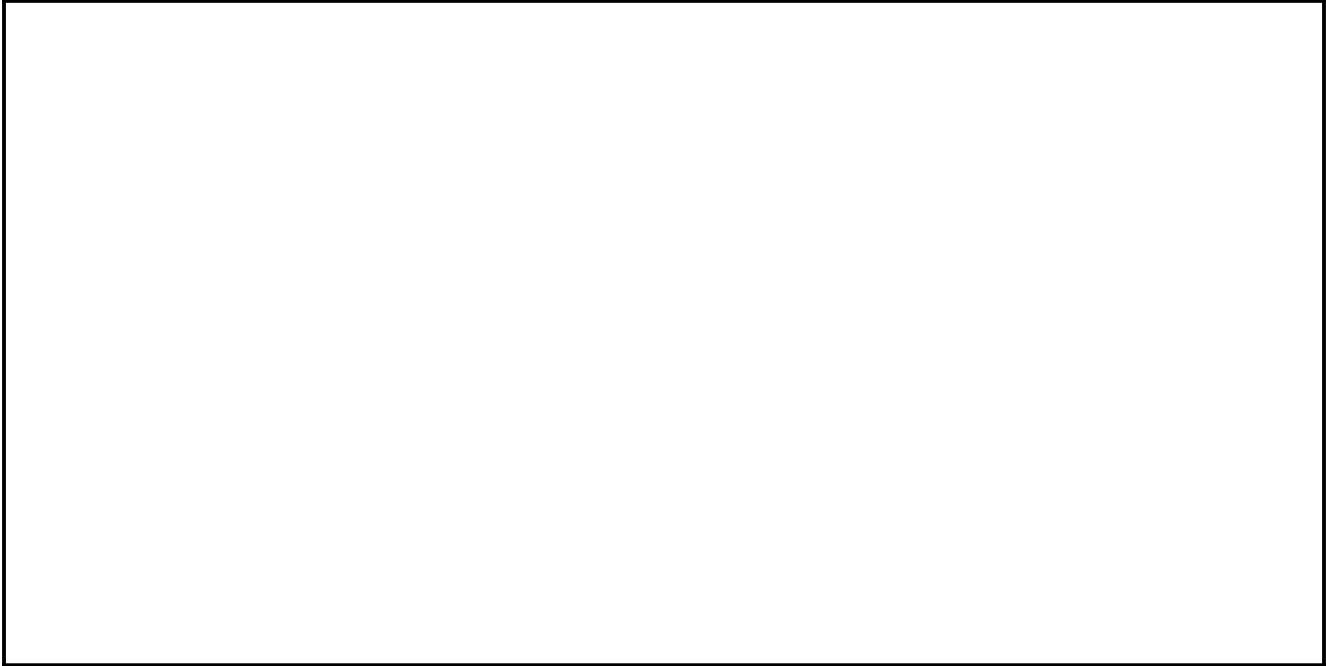
How would you rate the quality of BRIDGES service?

- Very high quality
- High quality
- Neither low nor high quality
- Low quality
- Very low quality

How likely are you to continue using BRIDGES?

- Extremely likely
- Very likely
- Somewhat likely
- Not so likely
- Not at all likely

Please use the space below if you have any other comments, questions or concerns.

A large, empty rectangular box with a thin black border, intended for the user to provide additional comments, questions, or concerns. The box is currently blank.

# **POLICIES AND PROCEDURES**

## **Chapter 3 – Standards, Policies and Procedures for Service Delivery**

Compliance Statement

Code of Conduct

Conflict of Interest Policy

HIPAA, Privacy and Confidentiality

Incident Management Policy



## COMPLIANCE STATEMENT

BRIDGES operates an Independent Living Center. BRIDGES is committed to the highest standards of ethics and integrity. Our Compliance department exists to provide help and guidance to all employees and contractors to provide the people we serve with the best service possible.

It is the policy and purpose of BRIDGES to ensure compliance with the highest principles of professional conduct and related laws, regulations and policies on the part of all staff [employed and contracted], volunteers and members of the Board. As such, it adopted a Compliance Plan which is reviewed annually to describe the underlying structure and process of BRIDGES' Compliance Plan.

- a. We expect everyone with whom we are associated to comply with all state and federal laws and regulations as well as the internally published policies and procedures of BRIDGES. The Compliance Plan is designed to discover, remedy and deter noncompliant, unethical, unlawful or criminal conduct and helps ensure we conduct our business and provide our services in a legal and ethical manner.
- b. We encourage ongoing internal analysis of our organization Policies and Procedures and conduct effective self-monitoring and internal reporting to ensure their efficient and effective operation. We provide a means for staff and the people we serve to report any suspected or actual fraud or wrongdoing by BRIDGES staff, vendors, or any provider of services associated with BRIDGES.
- c. Our Compliance Program is intended to reinforce and supplement all policies which pertain to ethics, possible conflicts of interest and disclosure of same, standards or codes of conduct.
- d. In accordance to the New York State Office of the Medicaid Inspector General (NYS OMIG) we are committed to be an effective Compliance Program containing the following eight elements:
  1. Written Policies and Procedures and Standards of Conduct
  2. Designation of a Compliance Officer, Compliance Committee and High Level Oversight
  3. Effective Training and Education
  4. Effective Lines of Communication among the Compliance Officer, Compliance Committee, Employees, and Governing Body
  5. Disciplinary Measures
  6. Effective system for routine monitoring, auditing and identification of compliance risks
  7. Procedures and system for prompt responses to compliance issues
  8. Non-Discrimination and Non-Retaliation

In addition, the BRIDGES Compliance Committee monitors the consistent applicable laws and regulations regarding our operations. We appreciate your support to report any issues to BRIDGES. Our Compliance Hotline is 845-215-1013.





## CODE OF CONDUCT

### Introduction:

BRIDGES, like many successful organizations, bases its success on trust – trust that we will uphold the highest ethical standards when providing services to the people we serve. To help advance and preserve this trust, BRIDGES has developed this Code of Conduct designed to serve as a guide and reference for our behavior. Because the health and human services climate is so dynamic and complex, it is difficult to cover everything in one document. This Code of Conduct is designed to outline the behaviors that you can expect from any employee of BRIDGES but is not meant to be an exhaustive list of all legal or ethical matters.

The fundamental principles of BRIDGES’s Code of Conduct can be easily summed up as honesty, integrity, transparency, and a commitment to “doing the right thing”. BRIDGES is self-directed organization whose intent is to assist individuals’ right of autonomy and encourage active participation in community life according to the desires of each individual. The programs and resources that are offered at BRIDGES provide needed support for cross-disability individuals at literally every stage of life. BRIDGES provides direct services to help obtain the skills and supports the individuals we serve choose in order to empower them to pursue lifestyles of their choice.

BRIDGES is funded through multiple streams; however, the provision of Independent Living Services is supported by federal legislation, Title VII, Part B of the Rehabilitation Act, based on 725 standards.

The Code of Conduct (“The Code”) of BRIDGES (sometimes referred to as “Agency” or “the Agency”) applies to all members of the Agency. BRIDGES is committed to preventing the occurrence of unethical or unlawful behavior, stopping such behavior as soon as possible after discovery, and to discipline employees who violate the Code, including employees who neglect to report a violation. All employees must comply with this Code, immediately report any alleged violations of wrongdoing, and assist management and compliance personnel in investigating allegations of wrongdoing. While these standards addressed in the Code of Conduct are intended to guide employees in the course of their day-to-day responsibilities, they do not replace any Agency or program policies and procedures. There may be instances that are not addressed by the Code of Conduct or existing policies and procedures, or activities that may conflict with these standards. Employees must seek direction from their supervisor, other Agency management staff, or the Compliance Officer in these instances.

### CORE VALUES

Synergy	BRIDGES believes individuals working together for the mission and vision of the organization is more powerful than the efforts of individuals working on their own.
Dignity & Worth	BRIDGES acknowledges and honors the inherent right and value of each person and treats people in a caring and respectful fashion.
Acceptance	BRIDGES values diversity and inclusion and embraces differences in others.
Empowerment	BRIDGES encourages self-determination, choice and autonomy.
Leadership	BRIDGES champions efforts that lead to change that enhances quality of life within the disability community.

In order to promote the highest standards of ethical conduct, BRIDGES Board of Directors and employees are expected to:

- Comply with laws and policies that guide professional conduct.
- Inform and educate the public on Independent Living and people with disabilities.
- Practice only in the areas of competence.

- Maintain confidentiality of privileged information.
- Engage in no conduct that constitutes a conflict of interest or that adversely reflects the organization.

### **Commitment to Ethics and Integrity**

Operating with a good-faith attitude in all aspects of your job is key to maintaining honesty. Adopting this attitude means that you will not make false or misleading statements, or attempt to misrepresent, falsify, or alter information while conducting your duties. A good faith attitude also requires you to admit mistakes and correct them. When you discover that you have made a mistake, report it to the person that supervises your work and take steps to rectify it.

### **Honest Communication**

BRIDGES requires candor and honesty from all Board members, employees, volunteers, business associates, and contractors in the performance of their responsibilities and in communication with other members of the community. It would be in violation of this code to knowingly make false or misleading statements of any kind about the Agency, its services, or about competing entities and their services to any person or entity doing business.

### **Federal, state, and Local Laws, Regulations, and Policies**

BRIDGES shall strive to ensure that all activities by or on behalf of the Agency are in compliance with applicable laws and regulations. Agency members are expected to comply with all laws, regulations, and Agency policies, as well as standards established by associated regulatory bodies. As a member of BRIDGES, you are required to know and follow the laws, regulations, policies, and procedures that apply to your jobs. Failure to do so could result in exclusion from participation in federal and state healthcare programs, civil monetary penalties, and loss of licensure. An employee who fails to abide by these standards may be subject to disciplinary action.

As a member of BRIDGES, you should strive to make yourself as knowledgeable of the laws and regulations that relate to your position with guidance from Management. Exercising the understanding of the laws, you should uphold the written words, and the meaning behind the words or intent of the statute. Furthermore, it is important that you learn the BRIDGES policies that relate to your position and abide by them. If at any time there are legal statutes or Agency policies that you do not understand, you should ask your supervisor or other senior staff.

### **Tax-Exemption**

As a tax-exempt, not-for-profit Agency entity, BRIDGES has a legal and ethical duty to act in compliance with applicable tax laws, to engage in activities in furtherance of its charitable purpose, and to ensure that its resources are used in a manner that furthers the public good rather than the private or personal interest of any individual. In order to fulfill these obligations, BRIDGES shall avoid compensation arrangements in excess of fair market value, shall file all tax returns in a manner consistent with applicable laws, and shall avoid the appearance of impropriety, as well as actual impropriety. Further, as a tax-exempt, not-for-profit Agency, BRIDGES is strictly prohibited from engaging in partisan political activity, including but not limited to making political contributions and opposing or endorsing political candidates.

### **Conflicts of Interest**

As a member of BRIDGES, you should do your best to avoid situations by which personal or business interests appear to influence your ability to act in the best interest of the Agency. There are many different instances by which a conflict of interest may take place; however, the most common are those that may personally profit you as an individual (or anyone that may have a business or familial relationship with you) as opposed to the Agency as a whole. In order to mitigate the risk of a potential conflict you should:

- Never use your position to profit personally.
- Refuse personal gifts or benefits.
- Disclose financial interests.

- Excuse yourself from decisions where you may have, or are perceived to have a vested interest.

### **Confidentiality**

BRIDGES is a self-driven, cross-disability advocacy and service organization dedicated to empowering persons to exert independence, choice, and control in every aspect of their life. As such, we are committed to protecting the privacy of the health information of the people we serve. We are required by both state and federal law to protect the confidentiality of health and wellness information that may reveal the identity of the people we serve. As a member of BRIDGES, you should do your best to safeguard confidential information about the people we serve and the Agency itself. In order to mitigate the risk of breach of confidentiality you should:

- Follow Agency policies on information privacy and security.
- Refrain from sharing proprietary information.
- Safeguard confidential information through physical and technical means.
- Access the minimum amount of confidential information necessary to perform your responsibility.

### **Accurate and Truthful Documentation, Billing, and Financial Reporting**

As a member of BRIDGES, you are responsible for any type of documentation you record related to your scope of practice, and are expected to perform your duties accurately, truthfully, and promptly. In order to accomplish this you should:

- Take responsibility and be accountable for everything you document.
- Create and maintain accurate records.
- When applicable to your position, bill Medicare and Medicaid only for services that were actually provided, properly documented, and accurately coded.
- Never submit for payment claims containing fraudulent information (i.e. signatures), claims based on fraudulent documentation, to any federal program.
- Fairly and accurately represent the financial condition of the Agency in your area of responsibility.
- Report immediately any suspected improprieties, or suspected incidents of fraud, waste, and abuse.

The Agency has endeavored to establish and maintain a high standard of accuracy and completeness in the documentation and reporting of all financial members. These records serve as a basis for managing our services and are important in meeting our obligations to consumers and members of the community. They are also necessary for compliance with tax and financial reporting requirements.

### **Retention and Disposal of Records and Documents**

The Agency is responsible for the integrity and accuracy of the Agency's documents and records, not only to ensure compliance with regulatory and legal requirements, but also to ensure the records are available to corroborate business practices. No one may alter or falsify information on any record or document, and may not remove or discard documents outside of what is delineated in the record retention and destruction policy. The Agency is responsible for documentation and correct billing of services, as well as for financial reporting, and shall perform such duties accurately, truthfully, and promptly.

### **Agency Assets**

As a member of BRIDGES, you should protect assets from loss, damage, theft, misuse, and waste in the same manner which you would protect your own assets. Assets include:

- Equipment and supplies – do not remove from Agency for personal use.
- Time – work productively and report time accurately.
- Records – comply with record maintenance, retention, and destruction policies.

### **Duty to Report Known or Suspected Violations**

As a member of BRIDGES, you are expected to be committed to ensuring that the Agency provides high-quality, compassionate, skilled services in a welcoming environment. Consistent with this commitment, Board of Directors, staff, volunteers, business associates, and contractors have an obligation to report in good faith any known or suspected violation of law, regulation, or Agency policy. As a member of BRIDGES, you are

encouraged to report concerns of non-compliance first to your supervisor, if appropriate. Reports can also be made to Human Resources, or the Compliance Officer.

### **Non-Intimidation and Non-Retaliation**

As a member of BRIDGES, you are protected from retaliation if you report violations or suspected violations of the Code of Conduct. All reports are to be treated confidentially. Intimidation or retaliation against a member of BRIDGES who in good faith raises concerns or reports misconduct will not be tolerated by the Agency.

### **Reporting Concerns and Enforcement**

As a member of BRIDGES, you have an obligation to report situations or activities that are or may seem to be violations of this Code of Conduct. When you report concerns, appropriate Agency leadership may investigate and correct them before they pose potential legal ramifications. You may use any of the following methods to report concerns of violations:

- Make a report to the person that supervises your work.
- Make a report to the Corporate Compliance Officer.
- Make a report to the CEO/Executive Director.
- Make a report in writing and submit electronically to [compliance@BRIDGESrc.org](mailto:compliance@BRIDGESrc.org), or the BRIDGES Compliance Office: 2290 Palisades Center, West Nyack NY 10994.
- Utilize the anonymous Agency Compliance Hotline (845) 215-1013.

There are numerous methods available to report concerns. You can make a report anonymously, or in person. If you become aware of a concern, you are encouraged to report it to your supervisor, whose responsibility it is to ensure that it gets to the appropriate member of leadership. However, if you feel uncomfortable with addressing it to your immediate supervisor, your concern can be directly addressed by other means. In the event that you feel the Compliance Officer is not responsive to, or is involved in the issue of concern, you have the option to directly bring your concern to the CEO/Executive Director.

### **Non-Discrimination and Harassment**

As a member of BRIDGES, you will be able to seek, obtain, and hold employment or a volunteer position without being subject to harassment based on sex, sexual orientation, race, color, gender, age, disability, religion, ethnic origin, or any other classification identified by law. The Agency is committed to providing you with an environment free from harassment and intimidation. Sexual harassment is of particular concern. Any unwelcome verbal or physical conduct, such as jokes, innuendo, slurs, touching, gesturing, or other verbal or physical conduct of a sexual or violent nature shall be considered harassment, and violation of this policy may subject the offender to disciplinary action.

### **Disruptive Conduct**

As a member of BRIDGES, you are expected to use common sense and good judgment. The Agency is held to the highest standard of conduct, etiquette, and professionalism in all employment-related dealings with people served, visitors, vendors, and coworkers. Any member who exhibits unprofessional conduct of any kind, including but not limited to disruptive, discourteous, disrespectful, or abusive behavior, threats, physical assaults, or sexual harassment to others shall be subject to disciplinary action.

### **Volunteers, Business Associates, and Contractors**

BRIDGES is committed to ensuring that individuals and businesses acting as a member on its behalf, such as staff, consultants, and independent contractors will comply with the Corporate Compliance Program. Business associates, consultants, and contractors must read the Corporate Compliance Plan and acknowledge their agreement to abide by the policies and procedures of the Agency and the state and federal laws and regulations. The Agency will not knowingly conduct business with any entity that has been excluded from participation in the Medicare and Medicaid programs, or any other federal benefit program. BRIDGES will screen all staff and contractors through the Office of the Medicaid Inspector General's Exclusion List, as well as other applicable lists to ensure that the Agency is not employing or doing business with excluded persons.

## **Enforcement of the Code of Conduct**

As a member of BRIDGES, you are subject to disciplinary action for violation of this Code of Conduct.

Examples of actions subject to disciplinary action include the following:

- Encouraging, directing, facilitating, or permitting activities that violate the Code of Conduct.
  - Failing to report suspected violations of the Code of Conduct.
  - Participating in activities that violate the Code of Conduct.
- 

## **Code of Ethics and Professional Responsibility Agreement**

1. While working at BRIDGES, I will be knowledgeable of and abide by the concept of the Independent Living Philosophy, making every effort to consistently act in accordance with it.
2. I will present all options to the people we serve, to the best of my ability, in order to ensure that all options are self-directed.
3. I will not discriminate against, or refuse professional services to anyone on the basis of sex, sexual orientation, race, color, gender, age, disability or degree of disability, religion, ethnic origin, or any other classification identified by law.
4. I will not make suggestive remarks or inappropriate advances toward any person we serve, parent, guardian, other professional, or community members.
5. If required by my role, I will enter information into the files of people we serve in an objective, clear, and concise manner.
6. If I am unable to provide services requested by a person we serve, I will assist in accessing services requested (i.e. referral for assistance to other staff or other appropriate Agency).
7. While working with BRIDGES, I acknowledge that all documents and information, including plans, projects, programs, all lists of suppliers and people we serve are and shall remain the exclusive property of BRIDGES. In the event that my relationship with the Agency terminates, that information will not be used for my personal gain or benefit.
8. When acting as a representative of BRIDGES, I agree to accurately represent the Agency's policies and position on issues to the best of my ability.

## **Confidentiality Agreement**

1. I will respect the privacy of people we serve and hold in confidence all information obtained in the course of professional service. Therefore, I will not discuss confidences on the people we serve with anyone except: (1) as mandated by law; (2) to prevent clear and immediate danger to any person or persons; (3) where I am a defendant in a civil, criminal, or disciplinary action arising from the relationship (in which case confidences on the people we serve may only be discussed in the course of action); (4) when appropriate, share confidential information with staff for purpose of peer consultation and/or supervision.
2. I will reveal only pertinent information by personal permission from the people we serve via the Consent to Release Information forms and as delineated in the HIPAA Notice of Privacy Practices.
3. I will be responsible for the storing, updating, and appropriate disposal of records for people we serve in ways that maintain confidentiality in accordance with the Agency policies on documentation.
4. I will maintain a professional attitude which upholds confidentiality towards people we serve, their family members, and colleagues.
5. I, upon termination of employment/volunteering from BRIDGES, will maintain all confidences gained while serving under the Agency's auspices.
6. I will uphold the confidentiality of all Agency activities or actions to their legal and ethical standards.

## **Acknowledgment**

As part of your ongoing training and education, you are required to review the Code of Conduct on an annual basis. By signing this document, you acknowledge that you have reviewed and understand the Code of Conduct and your responsibilities as a member of BRIDGES. Any questions you may have regarding the Code of Conduct should be directed to your supervisor or the Compliance Officer.

Business Associate/Contractor/Company Name: (please print) \_\_\_\_\_

Employee/Volunteer/Member Name: (please print) \_\_\_\_\_

Employee//Volunteer/Member Title: (please print) \_\_\_\_\_

Employee/Volunteer/Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Conflict of Interest Policy

## Purpose

BRIDGES seeks to ensure that the name, reputation, and integrity of the Agency are fully protected and enhanced through the actions of all Members of the Board, Officers, and Key Employees (“Interested Persons”). Accordingly, the Agency requires that all Interested Persons avoid any conflict between their personal interests and those of the Agency, and to disclose promptly any actual, potential, or perceived conflicts.

The purpose of this policy is to protect the interests of the Agency when it is contemplating entering into a transaction or arrangement that could benefit the private interests of an Interested Person or could result in a possible “excess benefit transaction.” This Policy is intended to implement and supplement, but not replace, applicable state and federal laws governing conflicts of interest and related party transactions.

## Scope

This policy applies to Board Members, Officers & Key Employees.

## Policy Background

This policy, revised November 28, 2016, supersedes any previous Conflict of Interest policy.

## Policy Procedures

### Duty to Disclose

In connection with any actual or possible conflict of interest, an Interested Person must disclose the existence of the Financial Interest and be given the opportunity to disclose all material facts to the Agency’s governing Board or to a duly authorized committee of the governing Board considering the proposed transaction or arrangement, including any transaction with a Related Party.

### Determining Whether a Conflict of Interest Exists

After disclosure of the Financial Interest and all material facts, and after any discussion with the Interested Person, he/she shall leave the governing Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.

### Procedures for Addressing a Conflict of Interest

- a. An Interested Person may make a presentation at the governing Board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. An Interested Person shall not influence or attempt to influence deliberation or voting by the governing Board or any committee thereof with respect to the matter giving rise to the Interested Person’s conflict of interest.

- b. The chairperson of the governing Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the governing Board or committee shall determine whether the Agency can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing Board or committee shall determine by a majority vote of the disinterested Board members whether the transaction or arrangement is in the Agency's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

### **Procedures for Related Party Transactions**

- a. The Agency shall not enter into any Related Party Transaction unless the transaction is determined by the governing Board of the Agency to be fair, reasonable and in the Agency's best interest at the time of such determination.
- b. Any Board member, officer or Key Employee who has an interest in a Related Party Transaction shall disclose in good faith to the governing Board, or authorized committee thereof, the material facts concerning such interest.
- c. With respect to any Related Party Transaction, the governing Board of the Agency, or a duly authorized committee thereof, shall: (i) prior to entering into the transaction, consider alternative transactions to the extent available; (ii) approve the transaction by not less than a majority vote of the governing Board or committee members present at the meeting; and (iii) contemporaneously document in writing the basis for the governing Board or committee's approval, including its consideration of any alternative transactions.
- d. A Related Party shall not participate in deliberations or voting relating to a Related Party Transaction with respect to the Related Party; provided, however, that the governing Board or committee may request that a Related Party present information concerning a related party transaction at a governing Board or committee meeting prior to the commencement of deliberations or voting related thereto.

### **Administration**

To the extent that the Agency is subject to the audit oversight requirements of the New York Not-for-Profit Corporation Law, the governing Board of the Agency, the audit committee thereof, or another duly authorized committee thereof comprised solely of "independent directors" as defined under the New York Not-for-Profit Corporation Law shall oversee the adoption, implementation of and compliance with this Policy and shall ensure the Agency's compliance with the provisions of such Law pertaining to conflict of interest policies and related party transactions.

### **Records of Proceedings**

The minutes of the governing Board and all committees with Board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have a Financial Interest in connection with an actual or possible conflict of interest, the nature of the Financial Interest, any action taken to determine whether a conflict of interest was present, and the governing Board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.



## Compensation

- a. A voting member of the governing Board who receives compensation, directly or indirectly, from the Agency for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Agency for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the governing Board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Agency, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

## Annual Statements

Each Board member, officer and member of a committee with governing Board delegated powers shall prior to their initial election and annually thereafter sign and submit to the Secretary of the Agency a statement substantially in the form attached hereto as Exhibit A, which affirms such person:

- a) Has received a copy of this Policy,
- b) Has read and understands this Policy,
- c) Has agreed to comply with this Policy, and
- d) Understands the Agency operates for charitable purposes and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

In addition, such statement shall identify, to the best of the individual's knowledge, any entity of which such individual is an officer, director, Board member, member, owner (either as a sole proprietor or a partner), or employee and with which the Agency has a relationship and any transaction in which the Agency is a participant and in which the individual might have a conflicting interest.

The Secretary of the Agency shall provide a copy of all completed statements to the President of the governing Board, Audit Committee, or other duly authorized Board committee described in this Policy.

## Periodic Reviews

To ensure the Agency operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a) Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b) Whether partnerships, joint ventures, and arrangements with management organizations conform to the Agency's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.
- c) Each Board member, officer and member of a committee with governing Board delegated powers shall annually complete a disclosure form identifying any relationships, positions or circumstances that could give rise to or otherwise contribute to an actual or possible conflict of interest.

## Definitions

**BRIDGES (the "Agency")** - is a New York not-for-profit corporation that is recognized by the Internal Revenue Service as exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

**Interested Person** - Any of the Agency’s Board Members, officers or Key Employees (as defined below) who has a direct or indirect Financial Interest, as defined below, is an “Interested Person.”

**Financial Interest** - A person has a “Financial Interest” if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Agency has a transaction or arrangement,
- b. A compensation arrangement with the Agency or with any entity or individual with which the Agency has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Agency is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. A Financial Interest is not necessarily a conflict of interest. A person who has a Financial Interest may have a conflict of interest only if the appropriate governing Board or committee decides that a conflict of interest exists.

**Conflict of Interest** - A conflict of interest arises whenever the interests of the Agency come into conflict with a Financial Interest of an Interested Person, or otherwise whenever an Interested Person’s personal or Financial Interest could be reasonably viewed as affecting their objectivity or independence in fulfilling their duties to the Agency.

**Related Party Transaction** - A Related Party Transaction shall mean any transaction, agreement or any other arrangement in which a Related Party (as defined below) has a Financial Interest and in which the Agency or any Affiliate (as defined below) of the Agency is a participant.

**Related Party** - A Related Party shall mean (i) any Interested Person or any Affiliate of the Agency; (ii) any Relative (as defined below) of any Interested Person or any Affiliate of the Agency; or (iii) any entity which any individual described in clauses (i) and (ii) of this subparagraph has a thirty-five percent (35%) or greater ownership or beneficial interest or, in the case of a partnership or professional Agency, a direct or indirect ownership interest in excess of five percent (5%).

**Relative** - A Relative of an individual Interested Person shall mean his or her (i) spouse, ancestors, brothers and sisters, children, grandchildren, and great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren; or (ii) domestic partner (as defined in Section twenty-nine hundred ninety-four-a of the New York Public Health Law).

**Affiliate** - An Affiliate of the Agency shall mean any entity controlled by, in control of, or under common control with the Agency.

**Key Employee** - A Key Employee shall mean any person who is in a position to exercise substantial influence over the affairs of the Agency, as referenced in 26 USC §4958(f)(1)(A) and further specified in 26 C.F.R. §53.4958-3(c)-(e), or succeeding provisions.

## Responsibilities

### Interested Person

Shall be required to review a copy of this Policy and to acknowledge in writing that he or she has done so.

Shall annually complete a disclosure form identifying any relationships, positions, or circumstances in which the Interested Person is involved that he or she believes could contribute to a Conflict of Interest arising. Such

relationships, positions, or circumstances might include service as a Director of or consultant to a not-for-profit organization, or ownership of a business that might provide goods or services to BRIDGES. Each Interested Person should also disclose to the Board of Directors any potential Conflict of Interest that may arise during the course of the year between the submission of annual disclosure forms. Any such information regarding business interests of an Interested Person or a Family Member shall be treated as confidential and shall generally be made available only to the Chair, the Executive Director, and any Committee appointed to address Conflicts of Interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.

This policy shall be reviewed annually by each member of the Board of Directors. Any changes to the policy shall be communicated immediately to all Interested Persons.

## Violations of the Policy

### Violations of the Conflicts of Interest Policy

- a. If the governing Board or committee has reasonable cause to believe an Interested Person has failed to disclose actual or possible conflicts of interest, it shall inform the Interested Person of the basis for such belief and afford the Interested Person an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the Interested Person's response and after making further investigation as warranted by the circumstances, the governing Board or committee determines the Interested Person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action which may include, and is not limited to, ceasing involvement in the conflict, written warning and up to recommendation for removal from the Board.

### **Annual Potential Conflicts Disclosure Statement**

As a Director or Officer or Key Employee of the Agency, prior to your being seated on the Board of Directors or commencing employment with the Agency, as appropriate, and annually thereafter, you are required to truthfully, completely and accurately disclose all information requested herein and to promptly update all such information as factual circumstances may change from time-to-time.

***Please mark 'Yes' or 'No' & provide additional information when requested***

### **Financial Information Return Disclosure**

Responses to the following questions are required in order to complete financial information returns annually submitted to the Internal Revenue Service and the Office of the Attorney General.

1. Have you served as an officer, director, trustee, key employee, partner or member of, or hold a thirty-five percent (35%) or greater ownership or beneficial interest, or in the case of a partnership or professional corporation a direct or indirect ownership interest in excess of five percent (5%), in an entity, which during the most recently completed, or current fiscal year, had, or are reasonably anticipated to have, a direct, or indirect, business relationship, with the Agency?

\_\_\_\_\_                      \_\_\_\_\_  
No                              Yes

If *Yes*, briefly describe below & attach a detailed explanation

\_\_\_\_\_

2. Have you, individually or through an entity where you hold a thirty-five percent (35%) or greater ownership or beneficial interest, or in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of five percent (5%), during the most recently completed or current fiscal year, had, or are reasonably anticipated to have a direct or indirect business relationship with any individual who is a current or former "Officer," "Director" or "Key Employee" of the Agency?

\_\_\_\_\_                      \_\_\_\_\_  
No                              Yes

If *Yes*, briefly describe below & attach a detailed explanation

\_\_\_\_\_

3. Do you have a "Relative" who, during the most recently completed or current fiscal year, had or is reasonably anticipated to have a direct or indirect business relationship with the Agency?

\_\_\_\_\_                      \_\_\_\_\_  
No                              Yes

If *Yes*, briefly describe below & attach a detailed explanation

\_\_\_\_\_

4. Have you, or did you have a "Relative" who, during the most recently completed or current fiscal year, had or is reasonably anticipated to have, any transaction with the Agency that might reasonably be considered a real or potential conflict of interest pursuant to the Agency's Board of Directors Conflicts of Interest Policy, which has not been otherwise disclosed herein?

\_\_\_\_\_                      \_\_\_\_\_  
No                              Yes

If *Yes*, briefly describe below & attach a detailed explanation

\_\_\_\_\_

5. Have you been provided with, properly reviewed and reasonably understand the terms of the Agency's current written Board of Directors Conflicts of Interest Policy?

\_\_\_\_\_                      \_\_\_\_\_  
No                              Yes

If **No**, briefly describe below &/or attach a detailed explanation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# HIPAA Information Security Policy

## Purpose

BRIDGES strives to ensure the *confidentiality, integrity, and availability of protected health care information (PHI)* by implementing a security management process that includes creating and maintaining appropriate and reasonable policies, procedures, and controls to prevent, detect, contain, and correct security violations.

BRIDGES is required under the HIPAA Security Regulations to implement a security management process. This policy reflects BRIDGES commitment to comply with such regulations.

## Scope

Affected by these policies are all covered components that may be designated by the Agency from time to time and areas designated part of the health care component of the Agency from time to time but only to the extent that each component performs activities that would make such component a business associate of a component of the Agency that performs covered functions if the two components were separate legal entities.

BRIDGES follows HIPAA-related policies and procedures created specifically for its environment. These policies affect all BRIDGES workforce members in covered components.

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

### Operational Requirements

A. BRIDGES security management process will include the following:

1. BRIDGES commitment to take reasonable steps to ensure the *confidentiality, integrity, and availability of EPHI*.
2. Institution of security controls, policies, and procedures that appropriately and reasonably prevent, detect, contain, and correct identified *risks to the confidentiality, integrity, and availability of PHI*.
3. Periodic reviews and revisions of security controls, policies, and procedures.
4. Ongoing training and awareness for BRIDGES *workforce members* on these security controls, policies, and procedures.

B. A *risk* analysis and *risk* management program shall be used as the basis for BRIDGES *Security Management Process* administered as set forth in BRIDGES *Risk Analysis operational specification* (see 2.A) and *Risk Management operational specification* (see 2.B).

C. BRIDGES administration, including the Agency's *PHI* Compliance Officer, shall be responsible for security management. These responsibilities shall include:

1. Approving BRIDGES information security policies, procedures, and controls.
2. Approving, supporting, and, as appropriate, implementing BRIDGES *Security Sanctions operational specification* (see 2.C).
3. Approving and supporting BRIDGES security awareness and training programs.
4. Creating and enforcing policies that require appropriate clearance and training before a *workforce member* is permitted to access any *PHI*.

D. BRIDGES *PHI* Security Officer shall oversee BRIDGES security management process.

E. Certain supervisors and managers at BRIDGES have stewardship responsibilities for *PHI* which include the following security management responsibilities:

1. Protecting the *confidentiality, integrity, and availability* of *PHI* for which they are responsible.
2. Identifying and approving the use of security policies, procedures, and controls for the *PHI* for which they are responsible.
3. Authorizing appropriate access by BRIDGES *workforce members* to the *PHI* for which they are responsible.
4. Immediately reporting *risks, security incidents, and violations* of BRIDGES policies, procedures, and controls relating to the *PHI* for which they are responsible.
5. Supporting investigations of security violations with respect to the *PHI* for which they are responsible.
6. Contributing to BRIDGES security training and awareness programs for *workforce members*.

F. BRIDGES *workforce members* shall be responsible for protecting *PHI* within their control from unauthorized access, modification, destruction, and disclosure, are expected to comply with these security policies and procedures, and are responsible for doing so. Responsibilities of *workforce members* who have access to *PHI* include:

1. Using BRIDGES data processing resources that contain *PHI* only for appropriate purposes and consistent with their approved level of access and authorization.
2. Being aware of and using BRIDGES-approved security controls.
3. Complying with BRIDGES security policies, procedures, and standards.
4. Immediately reporting any security violation to his/her supervisor, the *PHI* security officer of the *covered component*, or the University's *PHI* Security Officer.

5. Attending appropriate BRIDGES security training and awareness programs.

## Operational Specifications

### 2.A Risk Analysis

1. BRIDGES will take reasonable steps to identify and prioritize the *risks* to the *confidentiality, integrity, and availability* of *PHI* on a periodic basis. A documented *risk analysis* process as approved by BRIDGES *PHI Compliance Officer* shall be used as the basis for the identification, definition, and prioritization of potential *risks* and *vulnerabilities* to *PHI*. The *risk analysis* shall include, where appropriate, the judgments used, such as assumptions, defaults, and uncertainties, and explicitly state and document them. The *risk analysis* shall be based on the following steps:

- a. Inventory – A periodic inventory of *PHI Systems* and the *security measures* implemented to protect those systems will be conducted by the *covered components*.
  - b. Security measures analysis – The *security measures* that have been implemented to protect *PHI Systems* shall be analyzed, including preventive and detective controls.
  - c. Risk likelihood determination – The identified *risks* shall be rated by assigning a ratio or percentage or by some other appropriate means that indicates the probability that a *vulnerability* is exploited by an actual *threat*. Three factors shall be considered when assigning the rating:
    - 1) type of *vulnerability*,
    - 2) existence and effectiveness of current security controls, and
    - 3) *threat* motivation and capability.
  - d. Vulnerability identification – *Vulnerabilities* of *PHI* shall be identified and prioritized by reviewing *vulnerability* sources and performing security assessments on a periodic basis.
  - c. Threat identification – Potential *threats* to the *confidentiality, integrity, and availability* of *EPHI* shall be identified, such as natural, human or environmental *threats*, and prioritized.
  - d. Impact analysis – The impact analysis shall determine the effect on the *confidentiality, integrity, or availability* of *PHI* that results if a *threat* successfully exploits a *vulnerability*.
  - g. Risk determination – The information obtained in the six steps above shall be used to identify the level of *risk* to *PHI*. The *risk* determination shall be based on:
    - i. The likelihood a certain *threat* attempts to exploit a *vulnerability*.
    - ii. The likely level of impact should the *threat* successfully exploit the *vulnerability*.
    - iii. The adequacy of planned or existing *security measures*.
2. BRIDGES shall update the *risk analysis* on a periodic basis and shall use the *risk analysis* to inform its *risk* management process as set forth in BRIDGES ***Risk Management operational specification*** (see 2.B). In addition to the periodic *risk analysis* updates that BRIDGES completes, the *risk analysis* shall be updated when environmental or operational changes arise that impact the *confidentiality, integrity, or availability* of *PHI*. Such changes include:
- a. New *threats* or *risks* that impact *PHI*.
  - b. A *security incident* that impacts *PHI*.
  - c. Changes to BRIDGES information security requirements or responsibilities that impact *PHI*. (e.g., new state or federal regulation, new role defined in BRIDGES, new or modified security control has been implemented).

d. Changes to BRIDGES organizational or technical infrastructure that impact *PHI*. (e.g., addition of a new network, new hardware/software standard implemented, new method of creating, receiving, maintaining, or transmitting *PHI*).

e. Hardware and software upgrades.

3. The documented *risk* analysis results shall be reviewed by BRIDGES *PHI* Compliance Officer, and appropriate members of BRIDGES administration, and shall be maintained in a secure fashion.

## **2.B Risk Management**

1. BRIDGES, in order to protect the *confidentiality, integrity, and availability* of *PHI*, will implement *security measures* designed to reduce the *risks* to *PHI*

2. The *risk* management process implemented and conducted periodically shall be based on a documented process that is used as a basis for selection and implementation of the *security measures*. The *risk* management process will include the following:

a. Assessment and prioritization, on the basis of *risks*, of *PHI Systems*.

b. Selection and implementation of reasonable, appropriate, and cost-effective *security measures* to manage, mitigate, or accept identified *risks*.

c. Security training and awareness on implemented *security measures* to covered component workforce members.

d. Periodic evaluation and revision, as necessary, of BRIDGES *security measures*.

3. The *risk* management process, as an implementation process, is led by BRIDGES *PHI* Compliance Officer and shall be based on the following:

a. *Risk* analysis – BRIDGES' *risk* analysis is the basis of its *risk* management activities, as set forth in BRIDGES *Risk Analysis operational specification* (see 2.A).

b. *Risk* prioritization - *Risks* identified in BRIDGES' *risk* analysis shall be prioritized on a scale from high to low based on the potential impact to *PHI Systems*. Information on the probability of occurrence shall be based upon BRIDGES' *risk* analysis. The highest priority shall be given to those *risks* with unacceptably high *risk* ratings. Resources, as available, shall be allocated according to the identified *risks*.

c. Method identification – The appropriate security methods to minimize or eliminate identified *risks* to *PHI* shall be identified. Security methods shall be identified based on the nature, feasibility, and effectiveness of the specific security method.

d. Cost-benefit analysis – BRIDGES shall identify and define the costs and benefits of implementing or not implementing the identified security methods.

e. Security method selection – Based on the cost-benefit analysis, BRIDGES shall select the most appropriate, reasonable, and cost-effective security methods for reducing identified *risks* to *PHI*.

f. Assignment of responsibility – The selected security methods shall be implemented by BRIDGES' *PHI* Compliance Officer and other *workforce members* who have assigned security responsibility and the appropriate expertise.



g. Security method implementation – The selected security methods shall be properly. *PHI* Compliance Officer is responsible for overseeing this implementation.

h. Security method evaluation – The selected and implemented security methods shall be evaluated and revised, as necessary, by the *covered component's PHI* Compliance Officer.

5. BRIDGES' strategies for managing *risk* shall be proportionate with the *risks* to and sensitivity of *PHI*. BRIDGES' *security measures* shall reasonably protect the *confidentiality, integrity, and availability* of *PHI* and the *risk* will be managed on a continuous basis. The following methods are used to manage *risk*:

- a. *Risk* acceptance
- b. *Risk* avoidance
- c. *Risk* limitation
- d. *Risk* transference

6. The results of the *risk* management process shall be documented in writing, reviewed by the *PHI* Compliance Officer, and maintained by BRIDGES and by the *covered component*.

## **2.D Information System Activity Review**

1. BRIDGES is committed to take reasonable and appropriate steps to review, on a periodic basis, records of activity on its *information systems* that create, receive, maintain, or transmit *PHI*.

2. BRIDGES will take reasonable and appropriate steps to ensure that *PHI Systems* have the appropriate hardware, software, or procedural auditing mechanisms installed on them to enable review of *information system* activity on a periodic basis. BRIDGES' *risk* analysis shall determine the level and type of auditing mechanisms that will be implemented on *PHI Systems*. Examples of generated reports of *information system* activity *auditable events* include:

- a. Failed authentication attempts
- b. Use of audit software programs or utilities
- c. Access of particularly designated *PHI* (e.g., *PHI* regarding VIPs)
- d. *Information system* start-up or shutdown
- e. Use of privileged accounts (e.g., system administrator account)
- f. *Security incidents*

3. When feasible, these *information system* activity auditing mechanisms will generate the following information about *information systems* activity:

- a. Date and time of activity
- b. Description of attempted or completed activity
- c. Identification of user performing activity
- d. Origin of activity (e.g., IP address, workstation ID)

3. BRIDGES shall review logs of *information system* activity audit mechanisms implemented on *PHI Systems* on a periodic basis. Findings from the *risk* analysis shall be used to help determine the frequency of such reviews; however, each *covered component* should review the audit mechanism on a periodic basis. The following factors should be considered with respect to the frequency of reviews of audit mechanisms:

- a. The merit or sensitivity of the *PHI* on the *PHI Systems*.
- b. The importance of the applications operating on the *information systems*.

c. The degree to which the *information systems* are connected to other *PHI Systems* and the degree to which that connection poses a *risk* to the *PHI*.

4. The *information system* activity audit mechanism review process shall include:

- a. Definition of what activity is significant.
- b. Procedures for defining how significant activity will be identified and, if appropriate, reported.
- c. Procedures for maintaining the *integrity* of records of significant activity.
- d. Identification of which *workforce members* will review records of activity.
- e. Definition of which activity records need to be archived and for what duration.

5.. For each of the *PHI Systems*, BRIDGES shall maintain and follow a specific procedure for conducting *information systems* activity review, including review of *information systems* activity and review of *auditable events* on a periodic basis. These procedures shall identify the *information systems* activity to be reviewed and the auditing mechanism to be used to capture the *information systems* activity. The audit results shall be retained for six years.

## Responsibilities

This section identifies who is responsible for a specific aspect of the policy or for the entire policy. It is possible that this section would not be used if you have already identified responsible individuals in the Procedures section.

Note – the responsible individual should be identified by position not by actual name of the person in the position.

### Compliance Officer

Responsible for providing oversight, guidance and coordination of Agency-wide efforts proactively aimed at promoting a culture of compliance with laws, regulations, and policies.

### Human Resources Specialist

Advises hiring officials and other members of management on this policy.

## Violations of the Policy

### Security Sanctions

1. BRIDGES is committed to applying appropriate sanctions against BRIDGES *workforce members* who fail to comply with the security policies and procedures of BRIDGES.
2. BRIDGES will take reasonable steps to ensure that applicable security policies and procedures are adhered to by BRIDGES *workforce members*. Reasonable compliance with these security policies and procedures is necessary to safeguard the *confidentiality, integrity, and availability* of *PHI*.
3. BRIDGES will provide periodic security training for *workforce members* about the applicable BRIDGES security policies and procedures.

4. BRIDGES shall impose appropriate sanctions against *workforce members* who do not comply with applicable BRIDGES security policies and procedures. The imposition of those appropriate sanctions shall be a documented process.

5. Sanctions shall be proportionate to the severity of the non-compliance with the applicable security policies and procedures and may reflect, among other things, the extent to which the non-compliance affects the *confidentiality, integrity, and availability* of *PHI*, and the employee's awareness or knowledge of the non-compliance.

6. BRIDGES *PHI* Compliance Officer, the Human Resources department, and other departments or personnel, all as applicable and appropriate, shall be involved in identifying and defining appropriate sanctions. Sanctions may include, but are not limited to:

- a. Verbal warnings
- b. Suspension or limitation of access to BRIDGES and/or the *covered component's information systems, repositories, and conduits that contain PHI*
- c. Required re-training
- d. Letter of warning
- e. Suspension from work
- f. Termination

Interpreting Authority

Compliance Officer



# Incident Management Policy

## Purpose

This policy provides the formally documented expectations and intentions used to direct decision making and ensure consistent and appropriate development and implementation of processes, standards, roles, activities, etc., with regard to this policy.

The purpose of this policy is to ensure that any incidents that affect the daily operations of BRIDGES are managed through an established process.

Incident Management is the process that defines an event or occurrence that causes interruption to service or reduction in the quality of service provided by BRIDGES.

The goal of Incident Management is to ensure, as best as possible, normal operation in service and to efficiently manage incidents which result in the disruption of service.

## Scope

This policy applies to all BRIDGES personnel and contracted entities involved in services provision on behalf of BRIDGES.

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

The following policy is established for Incident Management:

1. All BRIDGES employees must use the currently approved documented incident management process and will be reported, recorded, managed, and appropriately communicated through the approved Incident Management tool.
  2. All BRIDGES employees are responsible for ensuring the Incident Management Process is followed.
  3. This policy will complement and not supersede any compliance policy related to incident management.
- The Incident Management Policy will be reviewed on the following basis:
    - Annually, by the Compliance Officer
    - an update to the Incident Management Process and/or tool
    - request of the administrative team or Board at BRIDGES

-  
-Upon  
-Upon

## Violations of the Policy

Violations of this Policy will be handled in accordance with the procedures in the BRIDGES Manual.



# Incident Reporting Policy

## Purpose

Incidents sometimes occur in the workplace. From minor workplace incidents to more serious injuries in the workplace, being able to handle these occurrences is crucial. For this reason, BRIDGES has an Incident Reporting Policy.

BRIDGES Incident Reporting Policy provides a process for management to be made aware of problems or incidents that occur in the workplace in order to correct them and prevent similar incidents from occurring in the future.

## Scope

This policy applies to BRIDGES employees.

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

### Incident Reporting Process

- If it is determined that an incident most likely occurred, the relevant Supervisor may attempt to resolve the incident informally; however, the Supervisor should report the incident to Human Resources who will document the incident using BRIDGES Incident Reporting Form.
- If the incident involves employee conduct, the employee should be given an opportunity to respond. The employee's response and any agreed upon actions should be included on the Incident Reporting Form in the employee's official personnel file.
- To prevent the escalation of incidents, employees should immediately inform their Supervisor or the Human Resources Specialist of any disruptive behavior. Supervisors should take immediate steps to address problem behavior that could escalate into a serious incident later on. Supervisors should work with the Human Resources Specialist to develop and implement an integrated action plan to address the problem behavior.

## Definitions

**Incident:** Any event, condition, or situation which causes disruption or interference to the Agency; causes significant risks that could affect employees or clients; impacts on the systems and operation of the workplace; and/or attracts negative media attention or a negative profile for the Agency. Incidents include workplace accidents and injuries to people and/or property.

## **Responsibilities**

### **Supervisors**

Responsible for informing Human Resources of any incidents

### **Human Resources Specialist**

Responsible for completing Incident Reporting Form

## **Violations of the Policy**

Violations of this Policy will be handled in accordance with the procedures in the Employee Handbook.

## **Chapter 4 – Policies**

Advocacy Policy

Affirmative Action Policy

Business Associates Policy

Airborne Infectious Disease Exposure Prevention Policy

Compliance Manual

Data Management Policy

Educational Assistance Policy

Effective Accommodations Policy

Equal Employment Opportunity Policy

Fiscal Policies:

    Donations/Contributions Policy

    Investment Policy

Holiday Policy

Incident Reporting Policy

Non-discrimination Policy

Record Retention Policy

Sexual Harassment Prevention Policy

Whistle Blowers Policy



# Advocacy Policy

## Purpose

The purpose of the policy is to assist the people BRIDGES serves in their quest for independence, by providing access to disability laws by way of information and training and maintaining their awareness of legislative issues and changes. The program also provides community awareness regarding accessible facilities.

## Scope

This policy affects all BRIDGES employees.

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

Advocacy is accomplished by:

- assisting individuals to become more independent by recognizing and developing their own self-advocacy skills;
- providing self-advocacy training classes;
- assistance in life issues to include housing, transportation, education, employment, recreation and other areas;
- providing people BRIDGES serves, family members, other service providers and the community in general information concerning disability laws to include the Americans With Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), the Rehabilitation Act of 1973, the NYS Human Rights Law; and
- recognizing and correcting non-accessible facilities by educating proprietors to ADA standards and rules and providing information in the community to businesses and other public entities on accessibility within the ADA guidelines.

## Eligibility Process

- Individuals requiring assistance with a self-disclosed disability
- A reasonable expectation that advocacy needs to take place
- Individual is willing to self-advocate to gain greater self-esteem and independence

## Referral Process

Individual can be referred to a Program Advocate by another agency, a family member, a friend, ILC staff, a



community member or themselves.

### **Service Delivery**

- Individual will have a one-on-one interview with a Program Advocate.
- A determination based on information provided by an individual will be made by a Program Advocate as to whether the issue needs to be investigated.
- Individuals will be given an opportunity to participate as a self-advocate and will be kept informed of any information pertaining to the issue.
- Individuals will be informed of available options and will be provided with ongoing support to resolve the issue.

This section identifies the actual process to be used to implement the policy. It is important to break down the process into steps and use language to explain the process that is easy to follow and understand.

## **Definitions**

### **Program Advocate**

Responsible for providing support and leadership to people BRIDGES serves by providing them with knowledge and ability to self-advocate.

## **Violations of the Policy**

Violations of this Policy will be handled in accordance with the procedures in the Employee Handbook.

## **Interpreting Authority**

Executive Director



## **Affirmative Action Policy**

BRIDGES is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

BRIDGES is committed to assuring equal employment opportunity and equal access to services, programs and activities for individuals with disabilities. BRIDGES provides effective accommodation to qualified individuals with a disability to enable such individuals to perform the essential functions of the position for which they are applying or in which they are employed. Further, it is the policy of BRIDGES to provide effective accommodation for religious observers.

As part of BRIDGES' equal employment opportunity policy, BRIDGES will also take affirmative action as called for by applicable laws and Executive Orders to ensure that minority group individuals, females, disabled veterans, recently separated veterans, other protected veterans, Armed Forces service medal veterans, and qualified disabled persons are introduced into our workforce and considered for promotional opportunities.

Employees and applicants shall not be subjected to harassment, intimidation or any type of retaliation because they have (1) filed a complaint; (2) assisted or participated in an investigation, compliance review, hearing or any other activity related to the administration of any federal, state or local law requiring equal employment opportunity; (3) opposed any act or practice made unlawful by any federal, state or local law requiring equal opportunity; or (4) exercised any other legal right protected by federal, state or local law requiring equal opportunity.

This policy applies to all employment practices and actions. It includes, but is not limited to, recruitment, job application process, examination and testing, hiring, training, disciplinary actions, rate of pay or other compensation, advancement, classification, transfer, reassignment and promotions. BRIDGES designated person for issues concerning Affirmative Action/Equal Employment Opportunity is its Compliance Officer and/or Human Resources Specialist.



# ARTIFICIAL INTELLIGENCE (AI) USAGE POLICY

## Purpose

With the increasing popularity of generative AI chatbots such as OpenAI's ChatGPT and Google's Bard, it has become necessary to outline the proper use of such tools while working at BRIDGES. While we remain committed to adopting new technologies to aid our mission when possible, we also understand the risks and limitations of generative AI chatbots and want to ensure responsible use. Our goal is to protect employees, clients, suppliers, customers and the agency from harm.

## Scope

This policy applies to all BRIDGES employees and its Board.

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

### Overview

AI legal concerns:

BRIDGES acknowledges that the use of AI in the workplace raises several legal concerns. To ensure compliance with local, state, and federal laws, BRIDGES employees must adhere to the following:

1. **Data privacy:** Our AI tools must comply with data protection laws, and we must handle any personal or sensitive data with appropriate care.
2. **Fair employment practices:** We must not use AI to discriminate against any individual based on their protected characteristics, such as race, gender, age, or disability.
3. **Intellectual property:** We must ensure that our AI tools do not infringe on the intellectual property rights of others.
4. **Liability:** Our agency must take responsibility for any harm caused by our AI tools, and we must have insurance coverage to protect against potential legal claims.

AI ethics issues:

BRIDGES recognizes the ethical implications of using AI in the workplace. To ensure that we use AI for the benefit of our employees, consumers, and society, we must adhere to the following principles:

1. **Transparency:** Our AI tools must be transparent, and we must inform our employees and consumers about how we use AI and what data we collect.
2. **Fairness:** We must ensure that our AI tools are fair and unbiased, and we must regularly evaluate and audit our tools to identify and address any biases.
3. **Human oversight:** We must ensure that our employees have the ability to override any decisions made by our AI tools and that human oversight is always present in the decision-making process.
4. **Privacy:** We must respect the privacy of our employees and consumers and ensure that any data collected is used only for legitimate purposes.

AI decision-making principles:

BRIDGES is committed to making decisions about the use of AI that are responsible, ethical, and aligned with our values. To guide our decision-making process, we will adhere to the following principles:

1. **Human-centered:** We will prioritize the needs and well-being of our employees and consumers over the potential benefits of using AI.
2. **Social responsibility:** We will consider the impact of our AI tools on society as a whole, and we will ensure that our tools do not harm individuals or communities.
3. **Continuous improvement:** We will continually evaluate and improve our AI tools to ensure that they align with our values and meet the needs of our employees and consumers.
4. **Transparency:** We will be transparent about our decision-making process and communicate openly with our employees and consumers about how and why we use AI.

While AI chatbots can be used to perform a variety of functions, this policy addresses only the use of a web-based interface to ask or "prompt" the chatbot in a conversational manner to find answers to questions or to create or edit written content.

Some examples of what could be created using an AI chatbot include:

- Emails and letters.
- Blog posts, reports and other publications.
- Sales and advertising copy.
- Policies and job descriptions.
- Spreadsheet calculations.
- Foreign language translations.

- Coding development or debugging.
- Document or information sorting.
- Outlines or summaries of internal or external information.

There are, however, risks in using this technology, including uncertainty about who owns the AI-created content and security/privacy concerns with inputting proprietary agency information or sensitive information about an employee, client, consumer, etc., when interacting with the chatbot. Additionally, the accuracy of the content created by these technologies cannot be relied upon, as the information may be outdated, misleading or—in some cases—fabricated.

### **Eligibility**

This policy applies to all employees of BRIDGES and to all work associated with BRIDGES that those employees perform, whether on or off company premises.

### **Policy**

Limited use of generative AI chatbots will be allowed while performing work for BRIDGES with the approval of your supervisor. Company email addresses, credentials or phone numbers can be used to create an account with these technologies. No company data of any kind may be submitted (copied, typed, etc.) into these platforms.

Employees wishing to use generative AI chatbots must inform their supervisor how the chatbot will be used. Managers must approve or deny requests within 3 days.

All AI-generated content must be reviewed for accuracy before relying on it for work purposes. If a reliable source cannot be found to verify factual information generated by the chatbot, that information cannot be used for work purposes.

Acceptable uses include:

- For general-knowledge questions meant to enhance your understanding on a work-related topic.
- To brainstorm ideas related to projects you are working on.
- To create formulas for Excel spreadsheets or similar programs.
- To develop or debug code, to be verified before deployment.
- To draft an email or letter.
- To summarize online research or to create outlines for content projects to assist in full coverage of a topic. Only content written by employees may be included in a final product.

Unacceptable uses include:

- Using any text created by an AI chatbot in final work products of any kind.
- Copying and pasting, typing, or in any way submitting agency content or data of any kind into the AI chatbot.

- Failing to properly cite an AI chatbot when used as a resource.

Any violation of this policy will result in disciplinary action, up to and including termination.

### **Ethical Use**

Employees must use generative AI chatbots in accordance with all BRIDGES conduct and antidiscrimination policies. These technologies must not be used to create content that is inappropriate, discriminatory or otherwise harmful to others or the agency. Such use will result in disciplinary action, up to and including termination.

### **Monitoring**

BRIDGES Computer Use Policy and relevant monitoring policies still apply when using generative AI chatbots with agency equipment.

### **Summary**

At BRIDGES, we recognize the potential benefits of using AI as an assistant to work and embrace our employees seeking to adopt new technologies that make us more efficient or productive. However, these new technologies, like generative AI, should not be treated as a replacement for employees doing their own work.

Additionally, we also acknowledge the legal concerns and ethics issues surrounding the use of AI in the workplace and commit to continuously monitoring the evolving legal landscape of AI and its oversight.

By adhering to our policy and decision-making principles, we can use AI in a responsible and ethical manner that aligns with our values and benefits our employees, consumers, and society.

## **Responsibilities**

**Supervisors**

Responsible for approving use of AI.

## **Violations**

Violations of this Policy will be handled in accordance with the procedures in the Employee Manual.





# Airborne Infectious Disease Exposure Prevention Plan

## Purpose

The purpose of this plan is to protect employees against exposure and disease during an airborne infectious disease outbreak. This plan goes into effect when an airborne infectious disease is designated by the New York State Commissioner of Health as a highly contagious communicable disease that presents a serious risk of harm to the public health.

## Scope

This plan applies to all BRIDGES employees. BRIDGES' Communicable Disease Response Committee is designated to facilitate compliance with the plan.

## Policy Background

This policy supersedes the Communicable Disease Preparedness Response Policy.

## Policy Procedures

### A. MINIMUM CONTROLS DURING AN OUTBREAK

During an airborne infectious disease outbreak, the following minimum controls will be used in all areas of the worksite:

1. **General Awareness:** Individuals may not be aware that they have the infectious disease and can spread it to others. Employees should remember to:
  - Maintain physical distancing;
  - Exercise coughing/sneezing etiquette;
  - Wear face coverings, gloves, and personal protective equipment (PPE), as appropriate;
  - Individuals limit what they touch;
  - Stop social etiquette behaviors such as hugging and hand shaking, and
  - Wash hands properly and often.
2. **“Stay at Home Policy”:** If an employee develops symptoms of the infectious disease, the employee should not be in the workplace. The employee should inform Human Resources and follow New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC) guidance regarding obtaining medical care and isolating.
3. **Health Screening:** Employees will be screened for symptoms of the infectious disease at the beginning of their shift. Employees are to self-monitor throughout their shift and report any new or emerging signs or symptoms of the infectious disease to the designated contact. An employee showing signs or symptoms of the infectious disease should be removed from the workplace and should contact a healthcare professional for instructions.

The health screening elements will follow guidance from NYSDOH and CDC guidance, if available.

4. **Face Coverings:** To protect coworkers, employees will wear face coverings throughout the workday to the greatest extent possible. Face coverings and physical distancing should be used together whenever possible.

The face covering must cover the nose and mouth, and fit snugly, but comfortably, against the face. The face coverings must be kept clean and sanitary.

5. **Physical Distancing:** Physical distancing will be followed as much as feasible. Avoid unnecessary gatherings and maintain a distance of at least six feet (or as recommended by the NYSDOH/CDC for the infectious agent) from each other. Use a face covering when physical distance cannot be maintained.

*In situations where prolonged close contact with other individuals is likely, BRIDGES may use the following control methods:*

- restricting or limiting consumer or visitor entry;
  - limiting occupancy;
  - allowing only one person at a time inside small enclosed spaces with poor ventilation;
  - reconfiguring workspaces;
  - physical barriers;
  - signage;
  - floor markings;
  - telecommuting;
  - remote meetings;
  - preventing gatherings;
  - restricting travel;
  - creating new work shifts and/or staggering work hours;
  - adjusting break times and lunch periods;
  - delivering services remotely or through curbside pickup;
6. **Hand Hygiene:** To prevent the spread of infection, employees should wash hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:
    - Touching your eyes, nose, or mouth;
    - Touching your mask;
    - Entering and leaving a public place; and
    - Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens.Because hand sanitizers are less effective on soiled hands, wash hands rather than using hand sanitizer when your hands are soiled.
  7. **Cleaning and Disinfection:** See Section V of this plan.
  8. **“Respiratory Etiquette”:** Because infectious diseases can be spread by droplets expelled from the mouth and nose, employees should exercise appropriate respiratory etiquette by covering nose and mouth when sneezing, coughing or yawning.



9. **Special Accommodations for Individuals with Added Risk Factors:** Some employees, due to age, underlying health condition, or other factors, may be at increased risk of severe illness if infected. Please inform your supervisor or Human Resources if you fall within this group and need an accommodation.
10. “Administrative Controls” may include:
- Increasing the space between workers;
  - Employee training;
  - Identify and prioritize job functions that are essential for continuous operations;
  - Cross-train employees to ensure critical operations can continue during worker absence;
  - Limit the use of shared workstations;
  - Post signs reminding employees of respiratory etiquette, masks, handwashing;
  - Rearrange traffic flow to allow for one-way walking paths;
  - Provide clearly designated entrance and exits;
  - Provide additional short breaks for hand-washing and cleaning;
  - Establishing pods or cohorts working on same shift;
11. Personal Protective Equipment (PPE) are devices like eye protection, face shields, respirators, and gloves that protect the wearer from infection. PPE will be provided, used and maintained in a sanitary and reliable condition at no cost to the employee. The PPE provided to an employee will be based on a hazard assessment for the workplace.

## **B. EXPOSURE CONTROL READINESS, MAINTENANCE AND STORAGE:**

The controls we have selected will be obtained, properly stored, and maintained so that they are ready for immediate use in the event of an infectious disease outbreak and any applicable expiration dates will be properly considered.

## **II. HOUSEKEEPING DURING A DESIGNATED OUTBREAK**

### **A. Disinfection Methods and Schedules**

Objects that are touched repeatedly by multiple individuals, such as door handles, light switches, control buttons/levers, dials, levers, water faucet handles, computers, phones, or handrails must be cleaned frequently with an appropriate disinfectant. Surfaces that are handled less often, or by fewer individuals, may require less frequent disinfection.

The disinfection methods and schedules selected are based on specific workplace conditions.

The New York State Department of Environmental Conservation (NYSDEC) and the Environmental Protection Agency (EPA) have compiled lists of approved disinfectants that are effective against many infectious agents (see [dec.ny.gov](https://dec.ny.gov) and [epa.gov/pesticide-registration/selected-epa-registered-disinfectants](https://epa.gov/pesticide-registration/selected-epa-registered-disinfectants)). Disinfectants will be selected based on NYSDOH and CDC guidance and follow manufacturer guidance for methods, dilution, use, and contact time.

### **B. Adjustments to Normal Housekeeping Procedures**

Normal housekeeping duties and schedules should continue to be followed during an infectious disease outbreak, to the extent practicable and appropriate consistent with NYSDOH and/or CDC guidance in effect at the time. However, routine procedures may need to be adjusted and additional cleaning and disinfecting may be required.

Housekeeping staff may be at increased risk because they may be cleaning many potentially contaminated surfaces. Some housekeeping activities, like dry sweeping,

vacuuming, and dusting, can re-suspend into the air particles that are contaminated with the infectious agent. For that reason, alternative methods and/or increased levels of protection may be needed.

Rather than dusting, for example, the CDC recommends cleaning surfaces with soap and water before disinfecting them. Conducting housekeeping during “off” hours may also reduce other workers’ exposures to the infectious agent. Best practice dictates that housekeepers should wear respiratory protection. See **cdc.gov** for more guidance.

- C. If an employee develops symptoms of the infectious disease at work, it is ideal to isolate the area in accordance with guidance issued by NYSDOH or the CDC, before cleaning and disinfecting the sick employee’s work area. This delay will allow contaminated droplets to settle out of the air and the space to be ventilated.
- D. As feasible, liners should be used in trash containers. Empty the containers often enough to prevent overfilling. Do not forcefully squeeze the air out of the trash bags before tying them closed. Trash containers may contain soiled tissue or face coverings.

### III. INFECTION RESPONSE DURING A DESIGNATED OUTBREAK

If an actual, or suspected, infectious disease case occurs at work, take the following actions:

- Instruct the sick individual to wear a face covering and leave the worksite and follow NYSDOH/CDC guidance.
- Follow local and state authority guidance to inform impacted individuals.

### IV. TRAINING AND INFORMATION DURING A DESIGNATED OUTBREAK

A. The Communicable Disease Response Committee will verbally inform all employees of the existence of this Plan and provide them with a copy. Currently, no designation has been made by the NYS Department of Labor in consultation with the NYS Department of Health and plans are not required to be in effect. For more information about the infectious disease standard and employee rights under the HERO Act, go to:

<https://dol.ny.gov/ny-hero-act>

- B. When this plan is activated, all personnel will receive training which will cover all elements of this plan and the following topics:
  1. The infectious agent and the disease(s) it can cause;
  2. The signs and symptoms of the disease;
  3. How the disease can be spread;
  4. An explanation of this Exposure Prevention Plan;
  5. The activities and locations at our worksite that may involve exposure to the infectious agent;
  6. The use and limitations of exposure controls
  7. A review of the standard, including employee rights provided under Labor Law, Section 218-B.
- C. The training will be

1. Provided at no cost to employees and take place during working hours. If training during normal work hours is not possible, employees will be compensated for the training time (with pay or time off);
2. Appropriate in content and vocabulary to your educational level, literacy, and preferred language; and
3. Verbally provided in person or through telephonic, electronic, or other means.

**V. PLAN EVALUATIONS DURING A DESIGNATED OUTBREAK**

The employer will review and revise the plan periodically, upon activation of the plan, and as often as needed to keep up-to-date with current requirements.

**VI. RETALIATION PROTECTIONS AND REPORTING OF ANY VIOLATIONS**

No employer, or his or her agent, or person, , acting as or on behalf of a hiring entity, or the officer or agent of any entity, business, corporation, partnership, or limited liability company, shall discriminate, threaten, retaliate against, or take adverse action against any employee for exercising their rights under this plan, including reporting conduct the employee reasonably believes in good faith violates the plan or airborne infectious disease concerns to their employer, government agencies or officials or for refusing to work wherean employee reasonably believes in good faith that such work exposes him or her, other workers, or the public to an unreasonable risk of exposure, provided the employee, another employee, or representative has notified the employer verbally or in writing, including electronic communication, of the inconsistent working conditions and the employer’s failure to cure or if the employer knew or should have known of the consistent working conditions.

Notification of a violation by an employee may be made verbally or in writing, and without limitation to format including electronic communications. To the extent that communications between the employer and employee regarding a potential risk of exposure are in writing, they shall be maintained by the employer for two years after the conclusion of the designation of a high risk disease from the Commissioner of Health, or two years after the conclusion of the Governor’s emergency declaration of a high risk disease. Employer should include contact information to report violations of this plan and retaliation during regular business hours and for weekends/other non-regular business hours when employees may be working.

**Responsibilities**

**CDRP Committee**

Verbally inform all employees of the existence and location of this Plan; the circumstances under which it can be activated

**Human Resources**

Verbally inform all employees of their rights under the HERO Act

**Violations of the Policy**

Violations of this Policy will be handled in accordance with the procedures in the Employee Handbook.



# Business Associates Policy

## Purpose

Establish a policy and procedure standard which must be strictly observed relating to Business Associates.

## Scope

This policy and procedures document applies to all of BRIDGES and its subsidiaries.

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

BRIDGES shall enter into a Business Associate Agreement with individuals or entities meeting the definition of a Business Associate. The agreement must include certain protections for the use and disclosure of PHI as outlined further in this policy.

BRIDGES is required to investigate and take corrective action if it becomes aware of a practice or pattern that constitutes a material breach of this policy. As a result, it is important that anyone with knowledge of a Business Associate who has violated the HIPAA Privacy Regulations contact the Compliance Officer.

## Definitions

Business Associate – is a person other than a member of BRIDGES’ workforce, or entity who on behalf of BRIDGES:

- i. Creates, receives, maintains, or transmits PHI for a function or activity regulated by HIPAA, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities, billing, benefit management, and repricing; or
- ii. Provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for BRIDGES, where the provision of the service involves the disclosure of PHI from BRIDGES, or from another business associate of BRIDGES to the person.

A covered entity may be a Business Associate of another covered entity.

## Responsibilities

**All Personnel**

Must strictly observe the following standards relating to  
Business Associates:

1. BRIDGES must enter into contracts with Business Associates that contain specific language. The language is provided in the Business Associates Agreement.
2. The contract must describe the permitted and required uses of PHI by the Business Associate and include language that provides that the Business Associate shall:
  - a. Not use or further disclose the PHI other than as permitted or required by the contract or as required by law;
  - b. Use appropriate administrative, physical, and technical safeguards to prevent the use or
  - c. Disclosure of PHI for any reason other than as provided by the Agreement.
  - d. Notify BRIDGES of a breach of PHI without unreasonable delay and in no case later than five (5) calendar days following the discovery of a breach;
  - e. Require any agents or subcontractors who receive PHI to be bound by the same restrictions and conditions outlined in the Agreement including implementation of reasonable and appropriate safeguards to protect the confidentiality, integrity and availability of electronic PHI;
  - f. Make PHI available in accordance with BRIDGES HIPAA Policy;
  - g. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created by, or on behalf of BRIDGES, available to U.S. Department of Health & Human Services (HHS) for purposes of determining BRIDGES' compliance; and
  - h. At termination of the contract return or destroy all BRIDGES PHI (i.e. PHI received from, or created by or on behalf of, BRIDGES) that the Business Associate still maintains in any form. Business Associate shall retain no copies of such information. If Business Associate determines that the return or destruction of PHI is infeasible, Business Associate shall:
    1. Provide BRIDGES with written notification of the reason,
    2. Agree to extend the protections of the agreement to BRIDGES' PHI, and
    3. Limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible for as long as Business Associate retains the PHI.

In the event BRIDGES becomes aware of a pattern or practice of the Business Associate that constitutes a material breach or violation of the Business Associate's obligations under its contract, BRIDGES must take reasonable steps to cure the breach or to end the violation, as applicable.

In the event that the Business Associate cannot or will not remedy the practice or pattern, BRIDGES must terminate the contract if feasible. Where termination is not feasible, contact the BRIDGES Compliance Officer for reporting to HHS, as required.

## Violations of the Policy

Violation of this policy may result in disciplinary action up to and including termination for employees; and a termination of employment relationship in the case of contractors or consultants. Additionally, individuals may be subject to loss of access privileges and civil and/or criminal prosecution.

## Interpreting Authority

Executive Director



# Data Incident Management Policy

## Purpose

It is vital to the BRIDGES community that computer security incidents that threaten the security or privacy of confidential information are properly identified, contained, investigated, and remedied.

The purpose of this policy is to provide the basis of appropriate response to incidents that threaten the confidentiality, integrity, and availability of Agency digital assets, information systems, and the networks that deliver the information. The policy provides a process for documentation, appropriate reporting internally and externally, and communication to the community as part of an ongoing Agency effort. Finally, the policy establishes responsibility and accountability for all steps in the process of addressing computer security incidents.

## Scope

This policy applies to the BRIDGES community. The BRIDGES community (hereafter described as the Agency) includes all employees and Board members. This policy also includes computing or network devices owned, leased, or otherwise controlled by BRIDGES. Additionally, incidents involving confidential information apply to any computing or network device, regardless of ownership, on which confidential or restricted information is stored or by which access to confidential or restricted information might be gained. (Examples include, but are not limited to: a home computer containing confidential data, a mobile device on which credentials are stored which could be used to access confidential data, a server housed in an off-site facility.)

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

Intrusion attempts, security breaches, theft or loss of hardware and other security related incidents perpetrated against the Agency must be reported to the Executive Director. Anyone with knowledge, or a reasonable suspicion, of an incident which violates the confidentiality, integrity, or availability of digital information, will make an immediate report to the Executive Director. The Executive Director shall inform the Compliance Officer. The Executive Director, in collaboration with other appropriate staff, shall determine if a reported incident is or is not a confidential information security incident. If the incident is not considered a confidential information security incident, the incident shall be referred to appropriate Administrators who shall ensure that the incident is handled in accordance with the procedures described herein.

### Overview

When a security incident is detected or reported, key first steps are to (1)contain the incident; (2)initiate an investigation of its scope and origins; and (3)decide if it qualifies as a confidential data security incident (breach).

Incident Handler: IT Managed Services  
System Administrator/Owner: Executive Director  
HIPAA Privacy: Compliance Officer

IT Managed Services in consultation with the Executive Director will contain the incident and initiate an investigation of its scope and origins. The Executive Director in consultation with the Compliance Officer and other appropriate Administrators will determine if the incident qualifies as a confidential data security incident (breach).

If the Executive Director, in collaboration with the Compliance Officer and other appropriate Administrators, determines that the incident is a confidential data security incident, an incident response team is formed. The purpose is to determine a course of action to appropriately address the incident. The Executive Director shall designate the membership of the incident response team. Normally, membership will include appropriate individuals from the IT Managed Services team, Directors with primary responsibility for the compromised data, and the Compliance Officer.

It is the responsibility of the incident response team to assess the actual or potential damage to the Agency caused by the confidential data security incident, and to develop and execute a plan to mitigate that damage. Incident response team members will share information regarding the incident outside of the team only on a need-to-know basis and only after consultation with and consensus by the entire team.

The incident response team should review, assess, and respond to the incident for which it was formed according to the following factors, in decreasing order of priority:

- Safety – If the system involved in the incident affects human life or safety, responding in an appropriate, rapid fashion is the most important priority.
- Urgent concerns – Departments may have urgent concerns about the availability or integrity of critical systems or data that must be addressed promptly. Appropriate IT Managed Services staff shall be available for consultation in such cases.
- Scope – Work to promptly establish the scope of the incident and to identify the extent of systems and data affected.
- Containment – After life and safety issues have been resolved, identify and implement actions to mitigate the spread of the incident and its consequences. Such actions might well include requiring that affected systems be disconnected from the network.
- Preservation of evidence – Promptly develop a plan to identify and implement steps for the preservation of evidence, consistent with needs to restore availability. The plan might include steps to clone a hard disk, preserve log information, or capture screen information. Preservation of evidence should be addressed as quickly as possible in order to restore availability of the affected systems as soon as practicable.
- Investigation – Investigate the causes and circumstances of the incident, and determine future preventative actions.
- Incident-specific risk mitigation – Identify and recommend strategies to mitigate the risk of harm arising from this incident.

When reviewing, assessing, and responding to the incident, the incident response team should consider the following factors:

- Legal duty to notify
- Length of compromise
- Human involvement



- Sensitivity of compromised data
- Existence of evidence that data were compromised
- Existence of evidence that affected systems were compromised for reasons other than accessing and acquiring data
- Additional factors recommended for consideration by members of the incident response team or senior response team

The incidence response team should submit a report to the Board’s Compliance Committee.

In compliance with New York State’s data breach reporting law, whenever there is a breach of certain types of computerized personal data of a New York State resident, the breach must be reported to the affected individuals in the most expedient time possible and without unreasonable delay; the New York Attorney General, Department of State, and Division of State Police must also be notified.

NY law requires certain specific information to be included in the breach notification. Regardless of the method by which notice is provided, such notice shall include the following:

- Contact information for the person or business making the notification;
- The telephone numbers and websites of the relevant state and federal agencies that provide information regarding security breach response and identity theft prevention and protection information;
- A description of the categories of information that were, or are reasonably believed to have been, accessed or acquired by a person without valid authorization, including specification of which of the elements of Personal Information and Private Information were, or are reasonably believed to have been, so accessed or acquired.

Disclosures must be made within the most expedient time possible and without unreasonable delay, consistent with any measures necessary to determine the scope of the breach and restore the integrity of the system. Notification may be delayed if a law enforcement Agency determines that such notification impedes a criminal investigation, in which case the notification shall be made after such law enforcement Agency determines that such notification does not compromise such investigation.

IT Managed Services shall maintain a log of all confidential information security incidents, recording the date, type of confidential information affected, number of subjects affected (if applicable), summary of the reason for the breach, and corrective measures taken.

IT Managed Services shall issue a report for every confidential information security incident describing the incident in detail, the circumstances that led to the incident, and a plan to eliminate the risk of a future occurrence.

IT Managed Services shall provide annually to the Compliance Officer a report containing statistics and summary-level information about all known confidential information security incidents, along with recommendations and plans to mitigate the risks that led to those incidents.

## Definitions

Confidential Information – Sensitive personally-identifiable information that must be safeguarded in order to protect the privacy of individuals and the security and integrity of systems and to guard against fraud. This includes, but is not limited to:

- Social Security numbers



- Credit and debit card numbers
- Bank account or other financial account numbers
- Salary information
- HIPAA protected information
- Passwords, passphrases, PIN numbers, security codes and access codes
- Tax returns
- Credit histories or reports
- Background check reports
- Biometric Information

Additionally, proprietary information, data, information, or intellectual property, in which the Agency has an exclusive legal interest or ownership right may also be considered confidential information. Examples include, but are not limited to:

- Financial information
- Business planning data
- Data, software, or other material from third parties which the Agency has agreed to keep confidential

Malware – Any software designed with malicious intent. Examples include, but are not limited to:

- Viruses
- Worms
- Trojan horses
- Spyware

Security Incident – Any event that threatens the confidentiality, integrity, or availability of Agency systems, applications, data, or networks. Examples of Agency systems include, but are not limited to:

- Servers
- Desktop computers
- Laptop computers
- Workstations
- Mobile devices
- Network equipment

Examples of security incidents include, but are not limited to:

- Unauthorized access
- Intentionally targeted but unsuccessful unauthorized access
- Accidental disclosure of Confidential Data
- Infection by malware
- Denial-of-service (DoS) attack
- Theft or loss of an Agency system
- The theft or physical loss of computer equipment known to store SSNs
- Loss or theft of tablets, smartphones or other mobile devices
- A server known to have sensitive data is accessed or otherwise compromised by an unauthorized party
- A firewall accessed by an unauthorized entity
- A DDoS (Distributed Denial of Service) attack

- The act of violating an explicit or implied security policy
- A virus or worm uses open file shares to infect from one to hundreds of desktop computers
- An attacker runs an exploit tool to gain access to an Agency server's password file

Sensitive Personal Information – An individual's first name or first initial and last name combination with any one or more of the following data elements (when the name or data element is not encrypted):

- Social security number
- Driver's license or government issued identification number
- Account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account
- Does not include publicly available information that is lawfully made available to the general public from the Federal government or a state or a local government

## Responsibilities

Executive Director	Determines whether there is a confidential security incident Informs the Compliance Officer Communicates with IT Managed Services If appropriate, designates an Incident Response Team
Compliance Officer	Serves on the Incident Response Team Communicates with IT Managed Services

## Violations of the Policy

Any behavior in violation of this policy is cause for disciplinary action. Violations will be adjudicated, as appropriate, by the Executive Director. Sanctions as a result of violations of this policy may result in, but are not limited to, any or all of the following:

- Attending a class or meeting on security incident issues, as well as successful completion of a follow up quiz;
- Loss of Agency computing, email and/or voice mail privileges;
- Monetary reimbursement to the Agency or other appropriate sources;
- Prosecution under applicable civil or criminal laws;
- Employees may be subject to disciplinary action

## Interpreting Authority

Executive Director



## Educational Assistance Policy

### Purpose

The Educational Assistance Policy is designed to help employees further their knowledge, skills, and job effectiveness through higher education in fields of interest to the Agency. Because BRIDGES values the professional and personal development of its employees, the Agency has adopted the following policy pertaining to reimbursement for certain educational expenses.

### Scope

This policy affects BRIDGES employees who have been employed by the Agency for at least one year.

### Policy Background

No comprehensive policy addressing this issue previously existed.

### Policy Procedures

#### Eligibility

Under this policy, educational assistance is provided to full-time and part-time employees who have been employed by BRIDGES for twelve months without interruption before enrolling in a course, and who are on the payroll upon completion of the course.

However, educational assistance will not or will no longer be provided to any qualified employee who has received a formal warning within three months prior to seeking approval or has received a received a formal warning at any time after approval has been granted and before the course is completed.

#### Reimbursement

Employees must make a formal request by completing applicable paperwork provided by Human Resources. This must be done before starting any coursework for which he or she wants to be reimbursed.

The appropriate Supervisor and Director must authorize any reimbursement. Reimbursement will be provided for any course that is related to an employee's work or that leads to a business-related or job-related degree. Within this context, BRIDGES reserves the exclusive right to decide whether a degree program or course is business or job related.

Reimbursement is also contingent upon the successful completion of the approved course. Employees must complete any approved coursework on their own time.

#### Procedures

To receive reimbursement for educational expenses, employees must follow these procedures:

- Reimbursement will be up to \$1,000 per calendar year.
- Classes, certifications, textbooks, or seminars that offer professional development related to the employee's job or future possible positions within BRIDGES will be eligible for reimbursement.
- Prior to enrolling in an educational course, the employee must provide his or her Supervisor and Director with information about the course for which he or she would like to receive reimbursement and discuss the job-relatedness of the continuing education.

- A Tuition/Educational Assistance Reimbursement Request Form must be completed by the employee and submitted, with appropriate signatures, to HR.
- Once the course is successfully completed, the employee should submit a Submission of Grade & Payment Request Form with appropriate signatures, as well as receipts and evidence of a passing grade or certification to HR. Employee must attain a grade of “C” or better or a “Pass” or “Certificate of Completion” for non-graded courses.
- Employee must submit grade no more than 60 days after completion of course.
- Reimbursement will be given through BRIDGES Payroll system within 30 days of submission.
- The HR department will coordinate reimbursement with the finance department.
- Employees who sever employment with BRIDGES, before completion of course, will not be reimbursed.
- If employee voluntarily leaves the Agency after completion of the course, they will not be required to pay back any amount that has been reimbursed by BRIDGES.

## Responsibilities

### Human Resources Specialist

Responsible for providing a Tuition/Educational Assistance Reimbursement Request Form as well as a Submission of Grade & Payment Request Form to employees.

Responsible for coordinating reimbursement payment with Finance Department.

### Supervisor and Director

Responsible for reviewing completed Tuition/Educational Assistance Reimbursement

Request Form and deciding whether degree or course is business or job related.

## Violations of the Policy

Violations of the policy will be handled in accordance with the procedures in the Employee Handbook.



## TUITION/EDUCATIONAL ASSISTANCE REIMBURSEMENT REQUEST

**Employee**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**University/College:** \_\_\_\_\_

**Course**

**Code/Name:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Employee signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Director signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# TUITION/EDUCATIONAL ASSISTANCE REIMBURSEMENT

## Submission of Grade & Payment Request

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**University/College:** \_\_\_\_\_

**Course  
Code/Name:** \_\_\_\_\_

**Proof of Grade & Course Completion**  
**\*document attached\***

**Employee signature:**

**Date:**

**Supervisor signature:**

**Date:**

**Director signature:**

**Date:**



## Effective Accommodations

BRIDGES is committed to accelerating equality for all and creating an inclusive, accessible workplace that supports persons with disabilities. The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act (ADAAA) are federal laws that require employers with 15 or more employees to not discriminate against applicants and individuals with disabilities; and when needed, provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position. It is BRIDGES' policy to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC).

### Policy

Reasonable accommodations are defined as a change in the environment or in the way things are usually done to provide equal opportunities for people with disabilities. Common accommodation requests are making facilities accessible and the implementation of assistive technology or additional equipment requests. Each request for accommodation should be handled on a case by case basis as each individual will define their own needs for accommodation. An interactive process will take place between the applicant/employee and BRIDGES to determine what type of accommodations will be provided. BRIDGES chooses to use the phrase 'Effective' Accommodation in written policy as opposed to 'Reasonable' Accommodation. This change in language signifies BRIDGES commitment to not simply comply with legal standards but to exceed these standards and champion a culture of equality. Accommodation requests are working dialogues; empowering people to be their best both professionally and personally.

### Procedures

BRIDGES will effectively accommodate qualified individuals with a disability so they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by accommodation or if the accommodation creates an undue hardship to BRIDGES. Contact Human Resources (HR) with any questions or requests for accommodation.

The HR Specialist is responsible for implementing this policy, including the resolution of requests for accommodations, safety/direct threat and undue hardship issues.

### Terms Used in This Policy

As used in the ADA policy, the following terms have the indicated meaning:

- **Disability:** A physical or mental impairment that substantially limits one or more major life activities of the individual; a record of such an impairment; or being regarded as having such an impairment.
- **Qualified individual:** An individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.
- **Effective accommodation:** Includes any changes to the work environment and may include making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, telecommuting, reassignment to a vacant position, acquisition or modification of equipment or

devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

- Undue hardship: An action requiring significant difficulty or expense by the employer. In determining whether an accommodation would impose an undue hardship on a covered entity, factors to be considered include:
  - The nature and cost of the accommodation.
  - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility.
  - The overall financial resources of the employer; the size, number, type and location of facilities.
  - The type of operations of the company, including the composition, structure and functions of the workforce; administrative or fiscal relationship of the particular facility involved in making the accommodation to the employer.
- Essential functions of the job: Term refers to those job activities that are determined by the employer to be essential or core to performing the job; these functions cannot be modified.

The examples provided in the above terms are not meant to be all-inclusive and should not be construed as such. They are not the only conditions that are considered to be disabilities, impairments or reasonable accommodations covered by the ADA/ADAAA policy.





## Equal Opportunity Employment Policy

### Purpose

BRIDGES is an equal opportunity employer. In accordance with anti-discrimination law, it is the purpose of this policy to effectuate these principles and mandates. BRIDGES prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, age, national origin, disability status, protected veteran status, or any other characteristic protected by law. BRIDGES conforms to the spirit as well as to the letter of all applicable laws and regulations.

### Scope

The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between BRIDGES and its employees, including:

- Recruitment
- Employment
- Promotion
- Transfer
- Training
- Working conditions
- Wages and salary administration
- Employee benefits and application of policies

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with BRIDGES.

### Policy Procedures

BRIDGES administers our EEO policy fairly and consistently by:

- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Advertising for job openings with the statement "*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*"
- Posting all required job openings with the appropriate state agencies.

- Forbidding retaliation against any individual who files a charge of discrimination, opposes a practice believed to be unlawful discrimination, reports harassment, or assists, testifies or participates in an EEO Agency proceeding.
- Requires employees to report to a member of management or an HR representative any apparent discrimination or harassment. The report should be made within 48 hours of the incident.
- Promptly notifies the general counsel of all incidents or reports of discrimination or harassment and takes other appropriate measures to resolve the situation.

## **Responsibilities**

**Officers, Directors, Supervisors**

**Responsible for implementing equal employment practices within each department**

**Human Resources**

**Responsible for overall compliance**

## **Violations of the Policy**

### **Remedies**

Violations of this policy, regardless of whether an actual law has been violated, will not be tolerated. BRIDGES will promptly, thoroughly and fairly investigate every issue that is brought to its attention in this area and will take disciplinary action, when appropriate, up to and including termination of employment.

## **Interpreting Authority**

Executive Director



## Donations Policy

### Purpose

As a 501(c) 3 non-profit organization, BRIDGES relies on charitable contributions to fulfill its mission. BRIDGES shall always disclose to potential donors important and relevant information. Every gift will be promptly acknowledged, and donors will be informed of how the gift will be recognized. Specific requests about acknowledgment will be honored consistent with BRIDGES practices and policies. BRIDGES reserves the right to refuse a gift if it is determined to be in conflict with the Agency's mission.

### Scope

This policy applies to all BRIDGES employees and its Board.

### Policy Background

No comprehensive policy addressing this issue previously existed.

### Policy Procedures

The following policies and guidelines govern acceptance of gifts made to BRIDGES for the benefit of any of its operations, programs or services.

*Use of Legal Counsel*— BRIDGES may seek the advice of legal counsel in matters relating to acceptance of gifts when appropriate. Review by counsel is recommended for:

- A. Gifts of securities that are subject to restrictions or buy-sell agreements.
- B. Documents naming BRIDGES as trustee or requiring BRIDGES to act in any fiduciary capacity.
- C. Gifts requiring BRIDGES to assume financial or other obligations.
- D. Transactions with potential conflicts of interest.
- E. Gifts of property which may be subject to environmental or other regulatory restrictions.

*Restrictions on Gifts*—BRIDGES may not accept gifts that:

- A. Would result in BRIDGES violating its corporate charter
- B. Would result in BRIDGES losing its status as an IRS § 501c(3) not-for-profit organization
- C. Are too difficult or too expensive to administer in relation to their value
- D. Would result in any unacceptable consequences for BRIDGES or
- E. Are for purposes outside BRIDGES' mission

Decisions on the restrictive nature of a gift, and its acceptance or refusal, shall be made by the Board of Directors in consultation with the Executive Director.

For restricted and endowed funds, if future circumstances change, or the donor fails to fulfill his pledge obligation, or the purpose for which the fund is established becomes illegal, impractical, or no longer meets the needs of the Agency, BRIDGES may designate an alternative use in the spirit of the donor's original intent for the gift to further the objectives of Agency.

*Gifts Generally Accepted Without Review—*

A. *Cash.* Cash gifts are acceptable in any form, including by check, money order, credit card, or on-line. Donors wishing to make a gift by credit card must provide the card type (e.g., Visa, MasterCard, American Express), card number, expiration date, and name of the card holder as it appears on the credit card.

B. *Marketable Securities.* Marketable securities may be transferred electronically to an account maintained at one or more brokerage firms or delivered physically with the transferor's endorsement or signed stock power (with appropriate signature guarantees) attached. All marketable securities will be sold promptly upon receipt unless otherwise directed by Board of Directors. In some cases marketable securities may be restricted, for example, by applicable securities laws or the terms of the proposed gift; in such instances the decision whether to accept the restricted securities shall be made by the Board of Directors.

C. *Bequests and Beneficiary Designations under Revocable Trusts, Life Insurance Policies, Commercial Annuities and Retirement Plans.* Donors are encouraged to make bequests to BRIDGES under their wills, and to name BRIDGES as the beneficiary under trusts, life insurance policies, commercial annuities and retirement plans.

D. *Charitable Remainder Trusts.* BRIDGES will accept designation as a remainder beneficiary of charitable remainder trusts.

E. *Charitable Lead Trusts.* BRIDGES will accept designation as an income beneficiary of charitable lead trusts.

*Gifts Accepted Subject to Prior Review—*Certain forms of gifts or donated properties may be subject to review prior to acceptance. Examples of gifts subject to prior review include, but are not limited to:

A. *Tangible Personal Property.* The Board of Directors shall review and determine whether to accept any gifts of tangible personal property in light of the following considerations:

- a. Does the property further the organization's mission?
- b. Is the property marketable?
- c. Are there any unacceptable restrictions imposed on the property?
- d. Are there any carrying costs for the property for which the organization may be responsible? Is the title/provenance of the property clear?

B. *Life Insurance.* BRIDGES will accept gifts of life insurance where BRIDGES is named as both beneficiary and irrevocable owner of the insurance policy. The donor must agree to pay, before due, any future premium payments owing on the policy.

C. *Real Estate.* All gifts of real estate are subject to review by the Board of Directors. Prior to acceptance of any gift of real estate other than a personal residence, BRIDGES shall require an initial environmental review by a qualified environmental firm. In the event that the initial review reveals a potential problem, the organization may retain a qualified environmental firm to conduct an environmental audit. Criteria for acceptance of gifts of real estate include:

- a. Is the property useful for the organization's purposes?

- b. Is the property readily marketable?
- c. Are there covenants, conditions, restrictions, reservations, easements, encumbrances or other limitations associated with the property?
- d. Are there carrying costs (including insurance, property taxes, mortgages, notes, or the like) or maintenance expenses associated with the property?
- e. Does the environmental review or audit reflect that the property is damaged or otherwise requires remediation?

## Responsibilities

### **Executive Director**

Responsible for identifying type of gift and whether review is required

### **Board of Directors**

Responsible for reviewing gifts

## Violations of the Policy

Violations of this Policy will be handled in accordance with the procedures in the Employee Handbook.

## INVESTMENT POLICY

### Purpose

The purpose of this policy is to set forth the standards and guidelines governing the investment and management of the Agency's financial assets. This policy is intended to be in accordance with the New York Prudent Management of Institutional Funds Act ("NYPMIFA").<sup>1</sup>

### Financial Assets of the Agency

The Agency's financial assets consist of

- (a) funds intended to be used to cover its short-term operating and program expenses (the "Operating & Program Fund"),
- (b) reserve funds, which are funds to be held in reserve to support the Agency's future operations, serve as a resource during economic downturns or provide an additional source of income to support the Agency's mission (the "Reserve Funds"),
- (c) funds which have been restricted by the donor or the Board of Directors for a specific purpose, but which do not have a restriction as to the timing of their expenditure (the "Restricted Funds")

Together the "Operating & Program Fund", the "Reserve Funds, and the Restricted Funds" will be known as the "Funds").<sup>2</sup>

The Agency does not have any endowment funds. Financial assets subject to a specific donor restriction as to the investment or management of such assets shall be invested and managed in accordance with the donor's restriction.

### Investment and Management Objectives and Guidelines

Funds shall be invested with the objective of preserving its assets to cover operating expenses and realizing earnings in a way that allows for immediate liquidity to meet the Agency's ongoing programmatic and operational needs. In addition, earnings should generate income for the growth of the organization and to invest in future mission focused initiatives that will enhance life for people served.

The asset allocation of Funds shall be determined by the Board of Directors, in consultation with any fiduciary advisors if desired, and shall reflect a proper balance of such Fund's investment objective, a conservative risk tolerance standard and the need for liquidity.

---

<sup>1</sup> NYPMIFA applies to all Agencies incorporated under the New York Not-for-Profit Agency Law or the New York Religious Agencies Law and to all education Agencies as defined in Section 216-a(1) of the New York Education Law. Therefore, public charities, private foundations, social welfare organizations, trade associations, social clubs and all other entities incorporated under these laws will be governed by NYPMIFA.

<sup>2</sup> NYPMIFA's rules governing the investment and management of a nonprofit's financial assets apply to the nonprofit's operating funds, as well as its reserve, restricted and endowed funds. (All such funds are referred to as "institutional funds" in NYPMIFA.)



## **Nondiscrimination/Anti-Harassment Policy**

### **Purpose**

BRIDGES is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, BRIDGES expects that all relationships among persons in the office will be business-like and free of bias, prejudice and harassment.

BRIDGES has developed this policy to ensure that all its employees can work in an environment free from unlawful harassment, discrimination and retaliation. BRIDGES will make every reasonable effort to ensure that all concerned are familiar with these policies and are aware that any complaint in violation of such policies will be investigated and resolved appropriately.

Any employee who has questions or concerns about these policies should talk with Human Resources or a member of the personnel practices committee.

These policies should not, and may not, be used as a basis for excluding or separating individuals based upon a protected characteristic, from participating in business or work-related social activities or discussions. In other words, no one should make the mistake of engaging in discrimination or exclusion to avoid allegations of harassment. BRIDGES policies prohibit disparate treatment on the basis of sex or any other protected characteristic, with regard to terms, conditions, privileges and perquisites of employment. The prohibitions against harassment, discrimination and retaliation are intended to complement and further those policies, not to form the basis of an exception to them.

### **Scope**

These policies apply to all applicants and employees, whether related to conduct engaged in by fellow employees or by someone not directly connected to BRIDGES (e.g., an outside vendor, consumer or client).

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings and business-related social events.

### **Policy Background**

No comprehensive policy addressing this issue previously existed.

### **Policy Procedures**

## ***Retaliation***

BRIDGES encourages reporting of all perceived incidents of discrimination or harassment. It is the policy of BRIDGES to promptly and thoroughly investigate such reports. BRIDGES prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

### **Violations of the Policy**

Violation of this policy may result in disciplinary action up to and including termination for employees; and a termination of employment relationship in the case of contractors or consultants. Additionally, individuals may be subject to loss of access privileges and civil and/or criminal prosecution.

### **Interpreting Authority**

Executive Director





# Record Retention Policy

## Purpose

BRIDGES is committed to following best practices for the retention and/or destruction of Agency Records. It is the responsibility of each individual employee of the Agency to follow the Record Management policy for Records they create and store. Department heads are responsible for ensuring the training of their employees in the Record Management policy and procedures.

## Scope

This policy applies to all BRIDGES Staff, Administrators, Executive Leadership, Subcontractors and Business Associates, as applicable.

## Policy Background

No comprehensive policy addressing this issue previously existed.

## Policy Procedures

### DISPOSITION OF AGENCY RECORD

#### Retention of Records at the Agency

Retention of Agency Records are based on the Record's Life Cycle, meaning that Records are created, used frequently for a period of time, and then destroyed or retained permanently.

During the use phase, Records are accessed frequently and may exist in multiple offices. Once Records are no longer being used but have not met retention requirements, they are moved to a storage unit with non-identifiable information on the box with an indicated destruction date.

The retention time of Agency Record varies per type and function of each Record. Record should be properly maintained in accordance with the Record Retention Schedule (Appendix A).

Note that the Record Retention Schedule refers to various copies of Records. Working copies may be used by offices for convenience purposes, but have a much shorter retention time than official Record copies.

#### Destruction of Records at the Agency

Once Records have met the retention time indicated by the Record Retention Schedule, they may be disposed of as long as no legal action or preservation directive is pending pertaining to the Record.

In order to dispose of a Record, a copy of the “List of Contents” must be filled out and sent to the Compliance Officer to provide an audit trail for the disposition.

Records containing confidential information must be shredded while non-confidential Records may be recycled. The Compliance Officer should be contacted if there are any questions or concerns regarding the destruction of any records.

### **Permanent Agency Records**

Records deemed as permanent per the Record Retention Schedule that have historical value to the Agency should be stored as archives when they no longer serve an active need.

Files should be examined to ensure that only permanent records are being transferred and the permanent Record should be organized and neatly boxed. Once the boxes are prepared, a detailed list of the contents should be kept with the Executive Director, and a detailed list of contents affixed on the box, and sent to storage.

## **Responsibilities**

### **Compliance Officer**

- Managing Records in accordance with Agency requirements, in compliance with applicable federal and state laws, and in accordance with the Record Retention Schedule
- Ensuring that information of a sensitive or confidential nature is protected from unauthorized disclosure throughout the final disposition of Records at the end of their retention period.
- Updating Policies & Procedures with changes relevant to the respective area of responsibility that may impact the Record Retention Schedule
- Serving as a forum for addressing Agency-wide issues pertaining to Record Management
- Making recommendations to the Administrative Team regarding compliance issues with federal and state Record retention laws

### **Staff**

- Managing Records in accordance with Agency requirements in compliance with Record Retention Schedule
- Ensuring that information of a sensitive or confidential nature is protected from unauthorized disclosure throughout the final disposition of Records at the end of their retention period
- Assisting in identifying and preserving Records of vital or historical value to the Agency

### **Executive Director**

- Establishing and managing an active, continuing program for the economical and efficient management of the Agency’s Records
- Ensuring that administrators and staff in are educated on Record Retention policies and procedures
- Serving as a reference for Record questions
- Ensuring Certificates of Disposal and maintenance of permanent Records are properly executed
- Reporting any Record issues discrepancies in the Record Retention Schedule to the Compliance Officer

## Definitions

**Archival Record** – A Permanent Record that has been deemed to have historical value that warrants continuing preservation

**Confidential Information** – Personally identifiable or sensitive information including, but not limited to, social security numbers, Agency identification numbers, sensitive reports, medical Records, personnel Records, counseling and disability Records, etc.

**Creating Unit** – Office in which a given Record originates

**Disposition** – A final administrative action taken with regard to Record, including destruction, transfer to another entity, or permanent preservation

**Office of Record** – Office designated by the Executive Director to maintain the Record or official copy of a particular Record

**Permanent Record** – Record that has been determined to have sufficient historical, administrative, legal, fiscal, or other value to warrant continuing preservation.

**Record** – Written or printed instrument whether hard copy or digital/electronic that conveys information; can refer to a particular writing or instrument that has a bearing upon specific transactions

**Record Life Cycle** – Length of time a Record is kept before it is destroyed

**Record Management** – Strategy used to identify, organize, maintain, access, store, and dispose of all of the Records created or received by the Agency in its day-to-day operations. These Records can be electronic, paper, or virtually everything that passes through the Agency's doors.

**Record Retention** – System that automatically determines what should be done with a particular Record at a certain point in time

**Record Retention Schedule** – A comprehensive list of Record Series, indicating for each the length of time it is to be retained, who is the Office of Record and the Disposition schedule

**Record Storage** – Depending upon the Record Series, the Office of Record must ensure appropriate and sufficient secure storage in accordance with industry's best practices for Active Record, Inactive Record, and Permanent Record.

## Interpreting and Implementing Authority

Compliance Officer

# Appendix A – Record Retention Schedule

<u>Document Type</u>	<u>Value</u>	<u>Minimum Retention Requirement</u>	<u>Destruction Method</u>
Organizational founding documents (e.g. Articles of Incorporation, Bylaws, IRS Letter of Determination)	Legal, historic	Permanently	N/A
Formal meeting notes (e.g. Board, Advisory Committee)	Administrative, historic	Permanently	N/A
Informal (handwritten) meeting notes (e.g. staff meetings)	Administrative	2 years, or longer if topics remain relevant	Recycle/scrap paper
Funded grant proposals, reports, correspondence, etc.	Administrative, historic, legal	7 years after closure	Shred financial and private information, or recycle/scrap; delete electronic version
Rejected grant proposals, correspondence, etc.	Administrative, historic	2 years after rejection	Shred financial and private information, or recycle/scrap; delete electronic version
Timesheets	Administrative, historic, legal	7 years after end of employment	Shred if contains personal information, or recycle/scrap
Expense reports	Administrative, historic, legal	7 years after end of employment	Shred if contains financial information, or recycle/scrap
Budgets	Administrative, historic, legal	7 years	Shred; delete
Subscriptions/memberships	Administrative, historic, legal	2 years after end of subscription	Shred if contains financial information, or recycle/scrap
Employee evaluations	Administrative, historic, legal	7 years while employed, 2 years after end of employment.	Shred; delete
Contracts with, invoices from, vendors	Administrative, historic, legal	7 years after expiration/payment	Shred; delete

<u>Workshop files</u> • Marketing • Attendee list • Invoices from consultants or payment record from attendees • Contracts with consultants • Payments for food/supplies • General information	Administrative, historic, and/or legal	• 7 years • 7 years • 7 years • 7 years • 7 years • 2 years	• Recycle/scrap; delete • N/A • N/A • N/A • Shred • Recycle/scrap; delete
Topical information	Administrative	2 years, or as long as still relevant	Recycle/scrap; delete
Correspondence (general)	Administrative, historic	2 years or as long as still relevant	Recycle/scrap; delete
<u>Presentations given</u> • Presentations that can be reused • Presentations for one use	Administrative, historic	• 7 years • 2 years	• Recycle/scrap; delete • Recycle/scrap; delete
Photographs • High quality with details of event • Photos missing details of event • Low quality	Administrative, historic	• 10 years • 2 years • 2 years	• Recycle/scrap; delete • Recycle/scrap; delete • Recycle/scrap; delete
Press clippings	Historic	Permanently if electronic or a hard copy without electronic backup; 2 years for hardcopy with backup	Recycle/scrap



## Social Media Policy

### Purpose

To provide guidelines for the appropriate use of social media. “Social Media” means any service for online commentary or posting including without limitation blogs, websites, and social networking sites such as Facebook, Twitter, Instagram, Linked In, Snapchat, TikTok, You Tube, etc.

### Scope

This policy applies to all BRIDGES employees.

### Policy Procedures

The Agency understands that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else’s web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with the Agency, as well as any other form of electronic communication.

Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved.

#### *Know and Follow the Rules*

Carefully read these guidelines and the Agency’s policies set forth in this policy including, but not limited to, the Equal Opportunity policies and ensure your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

#### *Be Respectful*

Always be fair and courteous to fellow employees and agents, vendors, customers and any other third parties that do business with or are affiliated in any way with the Agency. Also, keep in mind that you are more likely to resolve work-related complaints by speaking directly with your co-workers than by posting complaints to a social media outlet.

### *Be Honest and Accurate*

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about the Agency, its employees, agents, vendors, or customers, any other third-parties that do business with or are affiliated in any way with the Agency, or people working on behalf of the Agency's competitors.

### *Post Only Appropriate and Respectful Content*

Maintain the confidentiality of the Agency's trade secrets and private or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications.

Do not create a link from your blog, website or other social networking site to an Agency website without identifying yourself as an Agency employee.

Express only your personal opinions. Never represent yourself as a spokesperson for the Agency. If the Agency is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of the Agency, your fellow coworkers or any agents, vendors, customers and any other third-parties that do business with or are affiliated in any way with the Agency. If you do publish a blog or post online related to the work you do or subjects associated with the Agency, make it clear that you are not speaking on behalf of the Agency. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of BRIDGES."

### *Using Social Media at Work*

Refrain from using social media while on work time or on equipment the Agency provides, unless it is work-related as authorized by your Supervisor or consistent with Agency policies. Do not use the Agency's email addresses to register on social networks, blogs or other online tools utilized for personal use.

### *Retaliation is Prohibited*

The Agency prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination. If you have questions or need further guidance, please contact your direct Supervisor or the Executive Director.

## **Violations of the Policy**

Violations of this policy will be subject to disciplinary action, when appropriate, up to and including termination of employment.

## **Interpreting Authority**

Executive Director



## **SEXUAL HARASSMENT PREVENTION POLICY**

1. BRIDGES Policy applies to all employees, applicants for employment, and interns.
2. Sexual harassment is offensive and will not be tolerated. Any employee or individual covered by this policy who engages in sexual harassment or retaliation will be subject to remedial and/or disciplinary action, up to and including termination.
3. Retaliation Prohibition: No person covered by this Policy shall be subject to adverse employment action including being discharged, disciplined, discriminated against, or otherwise subject to adverse employment action due to reporting an incident of sexual harassment, providing information, or otherwise assisting in an investigation of a sexual harassment complaint. BRIDGES has a zero-tolerance policy for such retaliation. Anyone who believes they have been subject to such retaliation should inform Human Resources.
4. BRIDGES will conduct a prompt, thorough and confidential investigation whenever a complaint about sexual harassment is received. Corrective action will be taken whenever sexual harassment is found to have occurred.
5. Attached to this Policy, BRIDGES has provided a complaint form for employees to report harassment and file a complaint with the Human Resources Specialist.
6. Supervisors are required to report any complaint they receive, or any harassment they observe to the Human Resources Specialist.

### **What is Sexual Harassment?**

Sexual harassment is a form of sex discrimination and is unlawful under federal and state law. It includes harassment on the basis of sex, sexual orientation, gender identity and the status of being transgender. Sexual harassment includes unwelcome conduct which is either of a sexual nature, or which is directed at an individual because of that individual's sex.

A sexually harassing work environment consists of words, signs, jokes, pranks, intimidation or physical violence of a sexual nature, or which are directed at an individual because of that individual's sex. Sexual harassment also consists of any unwanted verbal or physical advances, sexually explicit derogatory statements or sexually discriminatory remarks which are offensive or objectionable to the recipient, cause the recipient discomfort or humiliation, or interfere with the recipient's job performance. Any employee who feels harassed can file a complaint with the Human Resources Specialist.

### **Examples of Sexual Harassment**

The following describes some types of acts that may be sexual harassment and that are strictly prohibited:

- Touching, pinching, patting, grabbing, brushing against another employee's body or poking another employee's body;
- Unwanted sexual advances or propositions
- Sexually oriented gestures, noises, remarks, jokes or comments about a person's sexuality or sexual experience.
- Sexual or discriminatory displays or publications anywhere in the workplace, such as sexually demeaning or pornographic pictures, posters, or other materials. This includes such displays on workplace computers or cell phones and sharing such displays while in the workplace.



**What is Retaliation?**

Retaliation can be any action that would keep an employee from coming forward to make or support a sexual harassment claim. Adverse action need not be job-related or occur in the workplace to constitute retaliation. Such retaliation is unlawful under federal and state law.

**Reporting Sexual Harassment**

Preventing sexual harassment is everyone's responsibility. BRIDGEs cannot prevent or remedy sexual harassment unless it knows about it. Any employee who believes they have been subjected to behavior that may constitute sexual harassment is encouraged to report the behavior to the Human Resources Specialist. Anyone who witnesses or becomes aware of potential instances of sexual harassment should report such behavior to the Human Resources Specialist. Reports of sexual harassment may be made verbally or in writing. A form for submission of a written complaint is attached to this Policy.

**Supervisory Responsibilities**

All supervisors who receive a complaint or information about suspected sexual harassment or observe what may be sexually harassing behavior are required to report such suspected sexual harassment to the Human Resources Specialist.

**Complaint and Investigation of Sexual Harassment**

All complaints or information about suspected sexual harassment will be investigated, whether that information was reported in verbal or written form. An investigation of any complaint, information or knowledge of suspected sexual harassment will be prompt and thorough and ensure due process for all parties. The investigation will be confidential to the extent possible. Employees who participate in any investigation will not be retaliated against. Upon receipt of a complaint, the Human Resources Specialist will conduct an immediate review of the allegations and take any interim actions, as appropriate. Sexual harassment is not only prohibited by BRIDGEs but is also prohibited by *N.Y. Executive Law, art. 15, §290 et seq.* and *42 U.S.C. §2000e et seq.* Anyone who believes they may have been a victim of sexual harassment may seek assistance in available state and federal forums.



## COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Human Resources.

If you are more comfortable reporting verbally or in another manner, BRIDGES can complete this form, provide you with a copy and follow its Sexual Harassment Prevention Policy by investigating the claims as outlined at the end of this form.

**For additional resources, visit: [ny.gov/programs/combating-sexual-harassment-workplace](http://ny.gov/programs/combating-sexual-harassment-workplace)**

### COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method: Email Phone In person

### SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

### COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: Supervisor Subordinate Co-Worker Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment occurred:

Is the sexual harassment continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

*The last question is optional, but may help the investigation.*

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**ACKNOWLEDGMENT**

**RECEIPT OF SEXUAL HARASSMENT PREVENTION POLICY & TRAINING**

I acknowledge that I received training regarding the prevention of sexual harassment and a copy of the Sexual Harassment Prevention Policy on\_\_\_\_\_. I agree to abide by the (Date)

principles that were explained in this training. I understand that if I have any questions that were not addressed in training or if I encounter any problems, I can contact BRIDGES' Human

Resources Specialist.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature



# Whistle Blower Policy

## Purpose

This policy is intended to encourage and enable employees and others to raise serious concerns internally so that BRIDGES can address and correct inappropriate conduct and actions. It is the responsibility of all board members, officers, employees, and volunteers to report concerns about violations of BRIDGES' Code of Ethics or suspected violations of law or regulations that govern BRIDGES' operations.

## Scope

This policy affects all directors, officers, employees, former employees, volunteers, and independent contractors.

## Policy Procedures

BRIDGES requires directors, officers, employees, former employees, volunteers, and independent contractors to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of BRIDGES, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

### No Retaliation

It is contrary to the values of BRIDGES for anyone to retaliate against any board member, officer, employee, former employee, volunteer, or independent contractor who in good faith reports an ethics violation; a suspected violation of law, such as a complaint of discrimination, or suspected fraud; a suspected violation of any regulation governing the operations of BRIDGES; or activities that pose a substantial and specific danger to public health or safety; or that constitute health care fraud. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

### Reporting Procedure

BRIDGES has an open door policy and suggests that employees share their questions, concerns, suggestions or complaints with their supervisor. If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with the Executive Director. Supervisors and managers are required to report complaints or concerns about suspected ethical and legal violations in writing to BRIDGES' Compliance Officer, who has the responsibility to investigate all reported complaints. Employees with concerns or complaints may also submit their concerns in writing directly to their supervisor or the Executive Director or the Compliance Officer.

### Compliance Officer

BRIDGES Compliance Officer is responsible for ensuring that all complaints about unethical or illegal conduct are investigated and resolved. The Compliance Officer will advise the Executive Director and/or the Board of Directors of all complaints and their resolution and will report at least annually to the Treasurer on compliance activity relating to accounting or alleged financial improprieties.

## **Accounting and Auditing Matters**

BRIDGE Compliance Officer shall immediately notify the Audit/Finance Committee of any concerns or complaint regarding corporate accounting practices, internal controls or auditing and work with the committee until the matter is resolved.

## **Acting in Good Faith**

Anyone filing a written complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

## **Confidentiality**

Violations or suspected violations may be submitted on a confidential basis by the complainant. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

## **Defenses to a Claim**

The whistleblower did not make the required disclosure to the employer of the allegedly unlawful or dangerous activities to allow the employer to correct the issue (or that the whistleblower did disclose, and the employer did correct it); or the claim is over two years old. However, a whistleblower will not have an obligation to disclose and allow the employer to address the issue when (1) there is an imminent and serious danger to public health and safety; (2) the whistleblower reasonably believes that the result of disclosure would be destruction of evidence or concealment of activity; (3) there is a reasonable expectation of activity that could lead to endangering the welfare of a minor; (4) the whistleblower reasonably believes disclosing would result in physical harm to the whistleblower or another person; or (5) the whistleblower reasonably believes a supervisor is already aware and will not correct the problem.

## **Definitions**

**Retaliation** -- actual or threatened adverse employment actions, actual or threatened actions that would adversely impact an employee's or former employee's current or future employment, and contacting or threatening to contact immigration or other authorities to report the actual or suspected immigration status of an employee or employee's family or household member.

## **Responsibilities**

### **Chief Compliance Officer**

Notifies the person who submitted a complaint and acknowledges receipt of the reported violation or suspected violation. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

## **Interpreting Authority**

Executive Director

## Chapter 5 – Scope of Services/Funding Sources

### Independent Living Services (ACCES-VR)

- Open Doors
- Employment Services
- Equine Therapy
- Benefits Advisement and Healthcare Navigation
- Parent Advocacy
- Peer Services
- Pro-Youth
- Independent Living Skills Training
- Information & Referral Services
- Transitional Support

### Consumer Directed Personal Assistance

### CHORE

### Integration Services

- Rockland County Re-Entry Task Force
- SAMHSA
- IDDATI
- Employment Focused Services

### Veteran Services

- PFC Joseph P. Dwyer Veteran Peer Support Program (Vet to Vet)
- Veterans Accessible Transportation Program
- Peer to Peer Mentoring for Justice Involved Veterans

### Vision Services

- Vision Rehabilitation Therapy
- Teachers of Students with Vision Impairments
- Orientation and Mobility

### Micro-Businesses & Innovations

- Independence Café
- Independence Café – A Unique Boutique
- Active Connections

### Independent Living Services (ACCES-VR)

- Open Doors
- Employment Services
- Equine Therapy
- Benefits Advisement and Healthcare Navigation
- Parent Advocacy
- Peer Services
- Pro-Youth
- Independent Living Skills Training
- Information & Referral Services
- Transitional Support

## **Independent Living Services (ACCES-VR)**

ILS is guided by the philosophy of Independent Living to provide the necessary supports for individuals with disabilities to experience<sup>3</sup> autonomy in all areas of living. This program is operated in collaboration with other service providers, government agencies, and community partners. The program is funded by New York State Department of Education's Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) Program.

Services include:

**Open Doors** – assists individuals living in a nursing home or Intermediate Care Facility in making decisions regarding home and community-based services.

**Employment Services** – resources and activities for individuals seeking career and job opportunities.

**Equine Therapy** – horseback riding lessons for students with disabilities to enhance quality of life.

**Benefits Advisement and Healthcare Navigation** – assists individuals with disabilities to access health care services and provides benefits counseling.

**Parent Advocacy** – supports families in the process of seeking appropriate education services.

**Peer Services** – provides support and connection with individuals with shared lived experiences.

**Pro-Youth** – provides pre-employment transition services for youth with disabilities.

**Independent Living Skills Training** – assists individuals with disabilities in understanding transportation options and accessible means of travel.

**Information & Referral Services** – connects people with information and referrals to programs, services, and community resources.

**Transitional Support** – helps people transfer from Skilled Nursing Facilities back into the community.



## **Consumer Directed Personal Assistance**

BRIDGES CDPA Program improves quality of life for people with disabilities and older adults who require personal assistance at home. It allows those in need of personal assistance to hire their own caregivers and direct their own care. CDPA gives people independence within the community.

BRIDGES serves as the Fiscal Intermediary (FI) and provides benefits and payroll administration for each individual self-directed employer.

## **CHORE**

CHORE is a program supported by Volunteers; Administration of Aging; Rockland County Office for the Aging; and New York State Office for the Aging.

Under the CHORE Program, Volunteers perform minor home repairs such as changing light bulbs or smoke detectors and installing grab bars for older adults and people with disabilities to keep them safe and independent in their homes.

*Contributions are voluntary and confidential and are used to expand the services for which they are received. No one will be denied services because of an inability or unwillingness to contribute. Suggested contributions level equal to the cost of the service for participants who self-disclose income at or above 185% of Federal Poverty Level. Services are funded in part by the Administration on Aging, New York State Office for the Aging and the Rockland County Office for the Aging.*

## **Integration Services**

Integration Services breaks down barriers for justice-involved individuals through advocacy that creates system changes; provides person-centered support to empower individuals returning home from correctional facilities and others diverted from incarceration; and focuses on building an inclusive community where each individual is treated with dignity and worth.

Programs include:

**Rockland County Re-Entry Program** – one of 20 re-entry programs funded through the New York State Division of Criminal Justice Services. The program provides pre and post release case management for individuals under parole supervision. Participants are involved in the creation of a re-entry plan and are encouraged to take ownership in their communities and break the cycle of recidivism.

**SAMHSA Re-Entry Program** expands services for adults who struggle with substance use, mental health, or co-occurring disorders. The program supports individuals throughout the stages of their recovery. The process begins pre-release to ensure a successful transition into the community from state and local correctional facilities.

**Employment Focused Program** assists justice-involved adults throughout the process of obtaining employment. This program equips participants with the skills to navigate the job market, discover their interests, and understand their rights as a person with prior convictions.

**Intellectual and Developmental Disabilities Alternative to Incarceration (IDDATI)** is a program that supports and advocates for justice-involved persons with intellectual and developmental disabilities. Individuals elect to participate in the program and are motivated towards pro-social behavior through adaptable case management. Services are tailored to the participant's specific goals with the greater objective of integrating independently into their community. IDDATI works in conjunction with Integration Services to remove stigma and increase positive awareness in our communities.

## **Veteran Services**

**PFC Joseph P. Dwyer Veteran Peer Support Program (Vet-to-Vet)** – is named in honor of Joseph P. Dwyer, a US Army Medic in the Iraq War who, in the earliest days of the invasion in 2003, was pictured cradling a wounded boy while his unit was fighting its way up the Euphrates to Baghdad. PFC Dwyer's post-war struggles with Post-Traumatic Stress Disorder (PTSD) resulted in his untimely and tragic death in 2008.

The Dwyer Program was created by then-New York State Senator Lee Zeldin, now a congressman representing New York State's 1<sup>st</sup> District. It began in Suffolk County and quickly expanded to almost half the counties in the state. Zeldin served four years in the Army active duty, deployed in 2006 to Tikrit, Iraq. Beginning in 2012, the Program now offers peer to peer counseling for Veterans suffering from PTSD, Traumatic Brain Injury (TBI) and any Veteran looking to reintegrate into civilian society.

The program is funded by the New York State Office for Mental Health and Rockland County Department of Mental Health.

**Veterans Accessible Transportation Program** – provides door-to-door transportation for Veterans on accessible vans to and from their medical appointments at VA Hospitals in Montrose and Castle Point.

The program is funded in part by the Rockland County Department of Health.

**Peer-to-Peer Mentoring for Justice Involved Veterans** – provides peer mentoring by Veterans trained in military behavioral health for Veterans who are involved with the justice system.

The program is funded by the New York State Office of General Services' Division of Veteran Affairs.

## **Vision Services**

**Vision Rehabilitation Therapy** - Vision Rehabilitation Therapy (VRT) prepares visually impaired individuals to travel safely and with confidence. Instruction is based on client's capabilities and goals. Topics covered:

### **Personal Management**

- Eating techniques
- Money identification
- Personal record keeping

### **Home Management**

- Cooking
- Clothing identification and care
- Home maintenance

### **Communication Skills**

- Writing
- Use of telephone
- Talking book machines
- Time pieces
- Electronic communication devices

**Teachers of Students with Visual Impairments** - Functional Vision Training is provided to visually impaired children from birth to five years of age. Training is in the child's home or his/her preschool program. This training helps a visually impaired child function more independently and lays the basis for a more independent adult in the future.

Functional Vision Training is also provided to students over age 5 throughout their school years including college. Services are provided at the school.

**Orientation and Mobility** - O & M is provided in the consumer's home and community. It promotes skills development to foster independent living; and enables visually impaired individuals to function independently. Skills taught are based on individual needs and include:

- Using residual vision effectively
- Orienting oneself to surroundings
- Self-protection for indoor environments
- Walking with a guide
- Techniques for traveling with a long cane
- Navigating public transportation

## **Micro-Businesses & Innovations**

- **Independence Café** – is located at the Rockland County Court House, and provides a daily convenience to approximately 600 to 1,000 employees, guests, and officials. Staffed by Veterans and people with disabilities, the Independence Cafe uses local vendors to offer coffee, tea, hot chocolate, potato chips, cold beverages, and other convenience products.
- **Independence Café – A Unique Boutique** – is located in the Welcome Center of BRIDGES offices on the second floor of the Palisades Center Mall and sells unique gift items made by and for people with disabilities. Items include scented candles, soaps, artwork, cards, sweatshirts, bags, and more.

## **APPENDICES**

Compliance Program

Compliance Plan and Code of Ethics

Independent Living Orientation

Employee Handbook

CDPA Manual

Service Record & Intake Form

Incident Report

Fiscal Policies & Procedures Handbook



## COMPLIANCE PROGRAM

### Introduction

Agencies and departments of the federal and state government, including but not limited to the Office of the Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS), and the New York State Office of the Medicaid Inspector General (NYS OMIG or OMIG) have identified a number of instances of fraud, waste, and abuse in federally funded healthcare programs including Medicare and Medicaid and have required the adoption and implementation of compliance programs. The Board of Directors and the Administrators of BRIDGES recognize the seriousness of the issues raised by the government and that failure to comply with applicable laws and regulations could threaten the Agency's continuing participation in these healthcare programs.

The Board of Directors, therefore, has directed that the Agency undertake an integrity program in order to maintain the Agency's commitment to high standards of conduct, honesty, and reliability in its practices. This integrity program is called a Compliance Program, the primary purpose of which is to make a sincere effort to prevent, detect, and correct any fraud, waste, and abuse in the Agency in connection with federally funded healthcare programs and private health plans. In order to accomplish this goal, the program strives to create a culture that promotes understanding of and adherence to applicable federal, state, and local laws and regulations. To be effective, the Compliance Program should be a continuously evolving effort to meet the changing regulatory landscape.

### Purpose of this Document

This document describes the elements of effective compliance programs outlined by both the U.S. Sentencing Guidelines and the NYS OMIG as they function within BRIDGES Programs, and details the fundamental principles, values, and operational framework for compliance within the Agency. This document articulates the Agency's commitment to consistently work to improve the efficiency and quality of services, ensure compliance with State and Federal mandates, and to reduce the Agency's vulnerability to fraud, waste, and abuse. The program description is designed to be accompanied by more specific policies that detail expected behavior and plans that detail compliance goals and objectives. These policies can be found in the Agency's Policy and Procedures Manual as well as on the Agency's website.

### Expected Conduct

The program describes the expected conduct of all BRIDGES members who include:

- **Board Members:** individuals appointed to the Board of Directors
- **Employees:** the CEO/Executive Director, Directors, and Staff as well as any other person or individual hired on a full- or part-time basis by and in paid service of the Agency, including per diem and casual employees
- **Volunteers:** those individuals working in the Agency on an unpaid basis
- **Contractors:** an entity with whom BRIDGES has a written agreement to provide items or services, perform billing or coding functions, or monitor services provided by BRIDGES.

### Eight Elements of a Compliance Program

The U.S. Sentencing Commission Guidelines have outlined eight (8) elements that comprise an effective compliance program. These elements include:

- I. Written policies and procedures
- II. A designated Compliance Officer and Compliance Committee
- III. Effective training and education
- IV. Effective lines of communication
- V. Standards enforced through well publicized disciplinary guidelines



- VI. Auditing and monitoring
- VII. Response to detected offenses and corrective action plans
- VIII. Ongoing risk assessment

## **I. Written Policies and Procedures**

An effective Compliance Plan should define the expected conduct of its Members through the establishment of written policies and procedures. Within the Agency these policies and procedures begin with the mission statement and values, which provide a framework of conduct throughout the Agency. Policies and procedures pertaining to each program is the responsibility of each department; however, the code of conduct and compliance policies shall be contained therein.

### **Periodic Review**

To manage known risks effectively, adherence to policies and procedure should be reviewed on a periodic basis. In addition, newly identified risks should result in promulgation of new policies and procedures or revisions to old ones, as well as Corrective Action Plans to address those risks where necessary.

### **Communication**

In order to be effective, policies and procedures should be clearly communicated to employees in a manner that facilitates integrating these guidelines into daily operations.

### **Compliance Policies and Procedures**

Detailed policies outlining important compliance activities shall be maintained by the Corporate Compliance Officer. The compliance program shall have policies on Health Insurance Portability and Accountability Act (HIPAA), Information Technology for Economic and Clinical Health Act (HITECH), privacy, disciplinary action, non-intimidation, and non-retaliation.

## **II. Oversight and Management of the Program**

### **Compliance Committee**

The Compliance Committee of the Board of Directors is established for the purpose of granting oversight of the Agency's regulatory compliance and organizational ethics.

### **Compliance and Privacy Officer**

The Compliance Committee of the Board of Directors, working in consultation with the CEO/Executive Director shall appoint a Corporate Compliance and Privacy Officer as the Director in charge of the continued development, implementation, and operation of the Compliance Program. The performance of the duties and responsibilities of the Compliance Officer shall be reviewed periodically by the Compliance Committee.

### **Duties:**

- Overseeing and monitoring the implementation of the Compliance Program.
- Reporting on a regular basis to the Board of Directors, Compliance Committee, and the CEO/Executive Director
- Establish methods to improve the Agency's vulnerability to fraud, waste, and abuse.
- Periodically revising the Compliance Program as required by changes in federal and state laws and regulations, as well as policies and procedures of government and managed care organizations.
- Developing an education and training program that focuses on the elements of the Compliance Program and seeks to ensure that all individuals to whom this program is extended are knowledgeable of, and comply with, applicable federal and state requirements.

- Coordinating internal compliance reviews and monitoring activities, including annual or periodic reviews of departments.
- After consultation with Legal Counsel, investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations and oversee the implementation of any resulting corrective action with all Agency programs.

### **Authority**

The Compliance Officer shall have direct access to the CEO/Executive Director and the Chair of the Compliance Committee. The Compliance Officer shall have access to all documents and information relevant to compliance activities, including but not limited to all computer applications utilized by the Agency for consumer records, billing records, financial records, contracts, computer systems, and written arrangements, agreements with others, and all other Agency files and documents as it relates to compliance activities.

### **III. Training and Education**

Training is required by the federal and state governments and considered a necessity at the Agency in order to provide Board Members and employees with the knowledge and skills to carry out their responsibilities in compliance with all requirements. Proper and continuing training and education is, therefore, a significant element of BRIDGES's Compliance Program.

#### **Content**

The Compliance Program strives to ensure that the training and education for all BRIDGES Board Members, employees, and contractors includes the dissemination of the written policies and procedures regarding:

- Code of Conduct
- HIPAA/HITECH Privacy and Security
- Non-Retaliation/Non-Intimidation
- Conflict of Interest
- Detecting and preventing fraud, waste, and abuse
- Legal and regulatory requirements that guide the Agency's ongoing compliance activities

#### **Initial Education**

The Compliance Officer strives to ensure that all new employees participate in basic compliance education and receive the Employee Handbook and the Code of Conduct.

#### **Ongoing Training**

Periodically employees shall be retrained on the BRIDGES Compliance Program including: the fraud, waste, and abuse laws; relevant federal and state law requirements; how to identify and report potential violations of policy or law and the consequences thereof. As new federal and state laws and regulations are implemented, appropriate training will be developed in order to inform all employees.

### **IV. Requirements**

#### **Communication**

In compliance with federal laws and regulations, the Compliance Program will communicate to employees of BRIDGES policies, the Code of Conduct, regulatory guidelines, and/or changes of the law. Communication methods can include one-on-one conversations, broadcast emails, mailings to individual members, education sessions, small and large-group meetings, and periodic compliance alerts.

BRIDGES strives to ensure that communication lines are open and accessible between the Compliance Officer and all employees, as well as other persons associated with the Agency, to allow compliance

issues to be reported, discussed, and reviewed. Communication increases the Agency's ability to identify and respond to compliance problems. Compliance is the responsibility of all BRIDGES members (as defined on pages 2 – 3 of this document), and without help from everyone involved, it may be difficult to learn of possible compliance issues and make necessary corrections.

### **Reporting Compliance Concerns**

Board Members or employees who are aware of or suspect possible fraud, waste, abuse, or violations to the standards of conduct have a duty to notify the Compliance Officer of such activities. BRIDGES strives to establish and maintain several independent reporting paths for a member to report fraud, waste, or abuse including:

- Members who suspect a violation of federal or state laws or regulation, or BRIDGES policies, are expected to notify their immediate leadership in the chain of command (to the extent that they are not involved).
- Individuals who feel that leadership is not responding may express their concerns directly to the Corporate Compliance Officer.
- The Compliance Officer will investigate all allegations that individuals bring forward, and document such occurrences, as well as attempt to correct those found to be true and initiate Corrective Action Plans to prevent future occurrences.

### **Confidentiality**

The Compliance Officer will strive to treat all reports confidentially, to the extent possible under applicable law. However, there may be a time when an individual's identity may become known or be revealed if non-governmental authorities become involved or in response to subpoena or other legal proceedings.

### **Non-Retaliation and Non-Intimidation**

BRIDGES ensures that there will be no intimidation or retaliation against any employee who in good faith reports acts or suspected acts of fraud, waste, or abuse, violations or suspected violations of BRIDGES standards of conduct. Adverse actions in retaliation or retribution for an individual's report or complaint will result in disciplinary action, up to and including termination of employment or business association.

## **V. Enforcement through Discipline**

The standards of conduct for BRIDGES strive to encourage good faith participation in the Compliance Program by all members. In order to support the standard of conduct, the program will address through corrective action plans and enforcement through discipline the following occurrences:

- Failing to report suspected problems.
- Participating in non-compliant behavior.
- Encouraging, directing, or permitting non-compliant behavior.
- Failing to perform obligations relating to compliance with applicable laws and regulations.

Where an alleged violation is confirmed by the Compliance Officer, the matter shall then be referred to the CEO/Executive Director for possible discipline, subject to any applicable contractual or statutory disciplinary procedures where the violation is committed by an employee; or contract nullification where the violation is committed by the contractor or agent of BRIDGES. Discipline for deliberate non-compliance will be fairly and consistently enforced.

## **VI. Auditing and Monitoring**

BRIDGES strives to ensure that the Compliance Program is effective. An important element of this effort is identifying and correcting deficiencies in the Agency's business processes. Internal audit processes shall be a consistent practice within the Compliance Program of BRIDGES.

### **Internal Audit**

The Compliance Officer shall coordinate the internal audit of Agency practices, as well as Medicaid eligible services on a monthly basis through random samplings and as appropriate.

### **External Audit**

An external audit of Medicaid Eligible services shall be conducted as appropriate and/or upon recommendation by the Compliance Officer. Other external audits may be conducted by the Office of Medicaid Inspector General (OMIG) at such time as they deem appropriate.

## **VII. Responding to Offenses and Developing Corrective Action Plans**

In order to maintain the integrity of service delivery for BRIDGES, the Compliance Program strives to assure that all allegations of failure to comply with state and federal laws, or the Code of Conduct for BRIDGES are promptly and thoroughly investigated and that there is a prompt and appropriate response to all government inquiries.

### **Investigation**

Where there is suspected indication of a violation of applicable laws, regulations, or privacy breach, the Compliance Officer shall maintain the primary responsibility for conducting the investigation. The goals of internal investigation include:

- Discovering facts and circumstances related to all allegations of legal or regulatory noncompliance.
- Assessing the significance of the facts discovered to determine whether the conduct was illegal, a violation of any state or federal statute, or legal but in violation of the Agency's Code of Conduct or policies.
- Collaborating with Human Resources and BRIDGES administration to recommend disciplinary and/or corrective actions.

### **Routine Audits**

On an annual basis, the Compliance Officer together with the CEO/Executive Director and the Compliance Committee, shall determine the scope and format of routine audits. Each member of management and each Program Director including the CEO/Executive Director are responsible for identifying the needs for internal auditing of specific issues under their oversight. Findings and corrective actions resulting from internal and external auditing and monitoring will be reported to the Compliance Committee of the Board of Directors.

## **VIII. Risk Assessment**

The Compliance Officer shall conduct ongoing risk assessment to determine the types of risks facing BRIDGES and the impact those risks might have on the Agency. The Compliance Officer shall review IOG and NYS OMIG Annual Work plans, CMS Bulletins, and new federal and state laws and regulations, and changes to federal and state laws and regulations to determine those items that may present a risk to BRIDGES.

### **Conclusion**

The Compliance Program of BRIDGES plays an integral part in helping the Agency to achieve its commitment to the highest standards of conduct, honesty, integrity, and reliability in its business practices. The Compliance Program promotes understanding and adherence to applicable federal and state laws and regulations related to federally funded programs.

**Acknowledgement**

As part of your ongoing training and education, you are required to review the Compliance Plan on an annual basis. By signing this document, you acknowledge that you have reviewed and understand the Compliance Plan and your responsibilities as a Member of BRIDGES. Any questions you may have regarding the Compliance Plan should be directed to your supervisor, or the Compliance Officer.

Business Associate/Contractor/Company Name: (please print) \_\_\_\_\_

Employee/Volunteer/Member Name: (please print) \_\_\_\_\_

Employee//Volunteer/Member Title: (please print) \_\_\_\_\_

Employee/Volunteer/Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Compliance Plan & Code of Ethics

PRINTED AND REVISED NOVEMBER 2017

---

## COMPLIANCE PLAN

### INTRODUCTION

**B**RIDGES (“the Agency”) is committed to the highest standards of ethics and compliance in the provision of services to individuals and families in the community. In recognition of the complexity and constant changes in various federal and state laws and regulations governing the healthcare industry, BRIDGES has implemented an effective Compliance Plan to ensure conformity with existing law. BRIDGES’ Compliance Plan is a series of internal controls that promotes the prevention, detection, and resolution of matters that are potentially illegal or do not conform to the Agency’s ethical standards.

BRIDGES leadership and executive staff understand the legal importance of State and Federal statutes and regulations, and recognize that failure to comply with applicable laws and regulations could threaten the Agency’s continuing participation in programs such as Medicaid.

BRIDGES, therefore, assigns a Corporate Compliance Officer to ensure the establishment of an integrity program in order to continue commitment to the Code of Ethics, honesty, and reliability in its business practices. The purpose of the Compliance Plan is to promote understanding of and adherence to federal and state laws and regulations and to make sincere effort to prevent, detect, and correct any fraud, abuse, and waste in connection with federally funded health care programs and managed care health plans. The Compliance Plan applies to all employees, volunteers, interns, contractors, and business associates that work with, participate in and/or provide services to the Agency.

#### Eight Elements of BRIDGES’ Compliance Plan

1. Written policies and procedures
2. A designated Compliance Officer and Compliance Committee
3. Effective training and education
4. Effective lines of communication
5. Standards enforced through well publicized disciplinary guidelines
6. Auditing and monitoring
7. Response to detected offenses and corrective action plans
8. Ongoing risk assessment

##### I. Written Policies and Procedures

BRIDGES’ Compliance Plan defines the expected conduct of its employees through the establishment and maintenance of the Code of Ethics and written policies and procedures.

#### Periodic Review

To manage known risks effectively, adherence to policies and procedure are reviewed on a periodic basis. In addition, newly identified risks result in the addition of new policies and procedures or revisions to existing policies, as well as Corrective Action Plans to address those risks where necessary.

## Communication

In order to be effective, policies and procedures are clearly communicated to employees in a manner that facilitates integration of these guidelines into daily operations.

## Compliance Policies and Procedures

As part of BRIDGES' Compliance Plan, the Compliance Officer maintains policies outlining important compliance activities. The Compliance Plan contains policies on: Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), privacy and confidentiality, disciplinary action, non-intimidation and non-retaliation policies.

## Code of Ethics

BRIDGES business affairs are conducted in accordance with federal, state, and local laws, professional standards, and regulations applicable to participation in federally funded health care programs with honesty, fairness, and integrity. The Code of Ethics describes how employees should perform their duties in good faith, in a manner that he or she reasonably believes to be in the best interest of the Agency and its people served and with the same care that a reasonably prudent person in the same position would use under similar circumstances.

## II. Oversight and Management of the Program

### Compliance Committee

The Compliance Committee of BRIDGES Board of Directors is established for the purpose of granting oversight of the Agency's regulatory compliance and organizational ethics.

### Corporate Compliance Officer

The Compliance Committee of BRIDGES Board of Directors, working in consultation with the Executive Director, appoints a Compliance Officer in charge of the continued development, implementation, and operation of the Compliance Plan. The performance of the duties and responsibilities of the Compliance Officer are reviewed periodically by the Compliance Committee.

### Duties:

- Oversee and monitor implementation of the Compliance Plan.
- Report on a regular basis to BRIDGES Board of Directors, Compliance Committee, and the Executive Director.
- Establish methods to improve the Agency's vulnerability to fraud, waste, and abuse.
- Periodically revise BRIDGES Compliance Plan as required by changes in federal and state laws and regulations, as well as policies and procedures of government and managed care organizations.
- Develop an education and training program that focuses on the elements of the Compliance Plan and seeks to ensure that all individuals to whom this program is extended are knowledgeable of, and comply with, applicable federal and state requirements.
- Coordinate internal compliance reviews and monitoring activities, including annual or periodic reviews of departments.



- Investigate and act on matters related to compliance, including the flexibility to design and coordinate internal investigations and oversee the implementation of any resulting corrective action with all Agency programs.

#### Authority

The Compliance Officer shall have direct access to the Executive Director and the Chair of the Compliance Committee. The Compliance Officer shall have access to all documents and information relevant to compliance activities, including but not limited to all computer applications utilized by the Agency for participant records, billing records, financial records, contracts, computer systems, written arrangements, agreements with others, and all other Agency files and documents as it relates to compliance activities.

### III. Training and Education

Training is required by the federal and state governments and considered a necessity at the Agency in order to provide Board Members and employees with the knowledge and skills to carry out their responsibilities in compliance with all legal and ethical requirements. Proper and continuing training and education is, therefore, a significant element of BRIDGES' Compliance Plan.

#### Content

BRIDGES Compliance Plan strives to ensure that the training and education for all BRIDGES Board Members, employees, and contractors includes the dissemination of the written policies and procedures regarding:

- Code of Ethics
- HIPAA/ HITECH Privacy and Security
- Non-Retaliation/ Non-Intimidation
- Conflict of Interest
- Detecting and preventing fraud, waste, and abuse
- Legal and regulatory requirements that guide the Agency's ongoing compliance activities

#### Initial Education

The Compliance Officer ensures that all new employees participate in basic compliance education and receive the employee handbook and the Code of Ethics.

#### Ongoing Training

Periodically employees shall be retrained on BRIDGES' Compliance Plan including: fraud, waste, and abuse laws; relevant federal and state law requirements; how to identify and report potential violations of policy or law and the consequences thereof. As new federal and state laws and regulations are implemented, appropriate training will be developed in order to inform all employees.

### IV. Communication

## Requirement

BRIDGES Compliance Plan will communicate to BRIDGES employees its policies, Code of Ethics, regulatory guidelines, and/or changes of the law. Communication methods can include one-on-one conversations, broadcast emails, mailings to individual members, education sessions, and small and large-group meetings, and periodic compliance alerts.

BRIDGES ensures communication lines are open and accessible between the Compliance Officer and all employees, as well as other persons associated with the Agency, to allow compliance issues to be reported, discussed, and reviewed. Communication increases BRIDGES' ability to identify and respond to compliance problems.

## Reporting Compliance Concerns

BRIDGES Board Members or employees who are aware of or suspect possible fraud, waste or abuse or violations to the Code of Ethics have a duty to notify the Compliance Officer of such activities. BRIDGES establishes and maintains several independent reporting paths for an employee to report, fraud, waste, or abuse including:

- Notification to their immediate supervisor in the chain of command (to the extent that they are not involved), reports can also be made to the compliance hotline as posted.
- Individuals who feel that leadership is not responding may express their concerns directly to the Compliance Officer.
- The Compliance Officer will investigate all allegations individuals bring forward, and document such occurrences as well as attempt to correct those found to be true and initiate Corrective Action Plans to prevent future occurrences

## Confidentiality

BRIDGES Compliance Officer will treat all reports confidentially, to the extent possible under applicable law. However, there may be a time when an individual's identity may become known or be revealed if non-governmental authorities become involved or in response to a subpoena or other legal proceedings.

## Non-Retaliation and Non-Intimidation

BRIDGES ensures that there will be no intimidation or retaliation against any employee who in good faith reports acts or suspected acts of fraud, waste, or abuse; or violations that are suspected violations of BRIDGES Code of Ethics. Adverse actions in retaliation or retribution for an individual's report or complaint will result in disciplinary action, up to and including termination of employment or business association.

### V. Enforcement Through Discipline

BRIDGES Code of Ethics will encourage good faith participation in the Corporate Compliance Plan by all members. In order to support the standard of conduct, the Compliance Plan will address, through corrective action plans and enforcement through discipline, the following occurrences:

- Failing to report suspected problems
- Participating in non-compliant behavior
- Encouraging, directing, or permitting non-compliant behavior
- Failing to perform obligations relating to compliance with applicable laws and regulations

Where an alleged violation is confirmed by the Compliance Officer, the matter shall then be referred to the Executive Director for possible discipline, subject to any applicable contractual or statutory disciplinary procedures where the violation is committed by an employee; or contract nullification where the violation is committed by a contractor or agent of BRIDGES. Discipline for deliberate non-compliance will be fairly and consistently enforced.

## VI. Auditing and Monitoring

BRIDGES ensures that the Compliance Plan is effective. An important element of this effort is identifying and correcting deficiencies in the Agency's business processes. Internal Audit processes shall be a consistent practice within the Compliance Plan.

### Internal Audit

BRIDGES Compliance Officer shall coordinate the internal audit of Agency practices, as well as Medicaid eligible services on a monthly basis through random samplings and as appropriate.

### External Audit

The Office of Medicaid Inspector General (OMIG) may conduct an external audit of Medicaid eligible services at such time as they deem appropriate.

## VII. Responding to Offenses and Developing Corrective Action Plans

In order to maintain the integrity of BRIDGES service delivery, the Compliance Plan ensures that all allegations of failure to comply with state and federal laws or BRIDGES Code of Ethics are promptly and thoroughly investigated and that there is a prompt and appropriate response to all government inquiries.

### Investigation

Where there is suspected indication of a violation of applicable laws, regulations, or privacy breach, the Compliance Officer shall maintain the primary responsibility for conducting the investigation. The goals of internal investigation include:

- Discovering facts and circumstances related to all allegations of legal or regulatory noncompliance.
- Assessing the significance of the facts discovered to determine whether the conduct was illegal, a violation of any state or federal statute, or a violation of the Agency's Code of Ethics or policies.
- Collaborating with Human Resources to recommend disciplinary and/ or corrective actions.

### Routine Audits

On an annual basis, the Compliance Officer, together with the Executive Director and the Compliance Committee, shall determine the scope and format of routine audits. Each member of the management team and each Program Director, including the Executive Director, is responsible for identifying the needs for internal auditing of specific issues under their

oversight. Findings and corrective actions resulting from internal and external auditing and monitoring will be reported to the Compliance Committee of the Board of Directors.

#### VIII. Risk Assessment

The Compliance Officer shall conduct ongoing risk assessment to determine the types of risks and the impact those risks might have on the Agency. The Compliance Officer shall review OIG and NYS OMIG Annual Work plans, CMS Bulletins, new federal and state laws and regulations, and changes to federal and state laws and regulations to determine those items that may present a risk to BRIDGES.

#### CONCLUSION

BRIDGES' Compliance Plan plays an integral part in helping the Agency to achieve its commitment to the highest Code of Ethics, honesty, integrity, and reliability in its business practices. The Compliance Plan promotes understanding and adherence to applicable federal and state laws and regulations related to federally funded programs.

## CODE OF ETHICS

**B**RIDGES' business affairs must be conducted in accordance with federal, state, and local laws, professional standards, applicable federally funded health care program regulations and policies with honesty, fairness and integrity. Employees should perform their duties in good faith, in a manner that he or she reasonably believes to be in the best interest of the Agency and people served, and with the same care that a reasonably prudent person in the same position would use in similar circumstances. To further those overall goals, a number of policies or Code of Ethics have been adopted by the Agency.

BRIDGES Code of Ethics ("The Code") applies to all members of the Agency. BRIDGES is committed to preventing the occurrence of unethical or unlawful behavior, stopping such behavior as soon as possible after discovery, and to disciplining employees who violate The Code, including employees who neglect to report a violation. All employees must comply with this Code, immediately report any alleged violations of wrongdoing, and assist leadership and compliance personnel in investigating allegations of wrongdoing. While these standards addressed in the Code of Ethics are intended to guide employees in the course of their day-to-day responsibilities, they do not replace any Agency or program policies and procedures. There may be instances that are not addressed by the Code of Ethics or existing policies and procedures, or activities that may conflict with these standards. Employees must seek direction from their supervisor and/or other members of leadership.

### Commitment to Ethics and Integrity

Operating with a good-faith attitude in all aspects of your job is key to maintaining honesty. Adopting this attitude means that you will not make false or misleading statements, or attempt to misrepresent, falsify, or alter information while conducting your duties. A good faith attitude also requires you to admit mistakes and correct them. When you discover that you have made a mistake, report it to the person that supervises your work and take steps to rectify it.

### Honest Communication

BRIDGES requires candor and honesty from all Board Members, employees, volunteers, business associates, and contractors in the performance of their responsibilities and in communication with other members of the community. It would be in violation of this code to knowingly make false or misleading statements of any kind about the Agency, its services, or about competing entities and their services to any person or entity doing business.

### Legal Compliance

BRIDGES shall continually strive to ensure that all activities by or on behalf of the Agency are in compliance with applicable laws and regulations. BRIDGES employees are expected to comply with all laws, regulations, and Agency policies as well as standards established by associated regulatory bodies. BRIDGES employees are required to know and follow the laws, regulations, policies, and procedures that apply to their job. Failure to do so could result in exclusion from participation in federal and state health care programs, civil monetary penalties, and loss of job. An employee who fails to abide by these standards may be subject to disciplinary action.

### Federal, State, and Local Laws, Regulations, and Policies

Any employee of BRIDGES should strive to make themselves knowledgeable of the laws and regulations that relate to the position he or she holds with guidance from supervision.

Furthermore, it is important that employees learn the Agency's policies that relate to their position and abide by them. If at any time there are legal statutes or Agency policies that you do not understand, you should ask your supervisor or other members of administration.

#### Tax- Exemption

As a tax-exempt, not-for-profit entity, BRIDGES has a legal and ethical duty to act in compliance with applicable tax laws, to engage in activities in furtherance of its charitable purpose, and to ensure that its resources are used in a manner that furthers the public good rather than the private or personal interest of any individual. In order to fulfill these obligations, BRIDGES shall avoid compensation arrangements in excess of fair market value, shall file all tax returns in a manner consistent with applicable laws, and shall avoid the appearance of impropriety as well as actual impropriety. Further, BRIDGES is strictly prohibited from engaging in partisan political activity including but not limited to making political contributions and opposing or endorsing political candidates.

#### Conflicts of Interest

Members of BRIDGES should avoid situations by which personal or business interests appear to influence your ability to act in the best interest of the Agency. There are many different instances by which a conflict of interest may take place; however, the most common are those that may personally profit you as an individual (or anyone that may have a business or familial relationship with you) as opposed to the Agency as a whole. In order to mitigate the risk of a potential conflict you should:

- Never use your position to profit personally
- Refuse personal gifts or benefits
- Disclose financial interests
- Excuse yourself from decisions where you may have, or are perceived to have a vested interest

#### Confidentiality

BRIDGES is committed to protecting the privacy of protected health information. The Agency is required by both state and federal law to protect the confidentiality of health and wellness information that may reveal the identity of a person served. As an employee of BRIDGES, you should do your best to safeguard confidential information about individuals receiving services and the Agency itself. In order to mitigate the risk of breach of confidentiality you should:

- Follow Agency policies on information privacy and security
- Safeguard confidential information through physical and technical means
- Access the minimum amount of confidential information necessary to perform your responsibility

#### Accurate and Truthful Documentation, Billing and Financial Reporting

As an employee of BRIDGES, you are responsible for any form of documentation related to delivery of services that you record in any file or database and you are expected to perform your duties accurately, truthfully, and promptly. In order to accomplish this you should:

- Take responsibility and be accountable for everything you document
- Create and maintain accurate records
- Bill Medicaid only for services that were actually provided, properly documented, and accurately coded (*if applicable to your role*)
- Never submit for payment claims containing fraudulent information (*for example, signatures*), claims based on fraudulent documentation, to any federal program (*if applicable to your role*)
- Report immediately any suspected improprieties, or suspected incidents of fraud, waste, and abuse to your supervisor and the Compliance Officer

BRIDGES establishes and maintains a high standard of accuracy and completeness in the documentation and reporting of all financial matters. These records serve as a basis for managing services and are important in meeting obligations to people served and members of the community.

#### Retention and Disposal of Records and Documents

BRIDGES is responsible for the integrity and accuracy of the Agency's documents and records, not only to ensure compliance with regulatory and legal requirements, but also to ensure that the records are available to prove and/or defend business practices. No one may alter or falsify information on any record or document, and may not remove or discard documents unless permitted under the record and retention policy. BRIDGES is responsible for the documentation and correct billing of services, as well as for financial reporting and shall perform such duties accurately, truthfully, and promptly.

#### Agency Assets

Employees of BRIDGES should protect Agency assets from loss, damage, theft, misuse, and waste in the same manner in which employees would protect their own assets. Assets include:

- Equipment and supplies; do not remove from Agency for personal use
- Time; work productively and report time accurately
- Records; comply with record maintenance, retention and destruction policies

#### Duty to Report Known or Suspected Violations

As an employee of BRIDGES, you are expected to be committed to ensuring that the Agency provides high-quality, compassionate, skilled services in a welcoming environment. Consistent with this commitment, all employees have an obligation to report in good faith, any known or suspected violation of law, regulation, or Agency policy. As an employee of BRIDGES, you are encouraged to report concerns of non-compliance first to your supervisor, if appropriate. Reports can also be made to the Compliance Officer and or the Executive Director.

#### Non-Intimidation and Non-Retaliation

As a BRIDGES employee, you are protected from intimidation or retaliation if you report violations or suspected violations of the Code of Ethics. All reports are to be treated confidentially. Intimidation or retaliation against a BRIDGES employee who in good faith raises concerns or reports misconduct will not be tolerated by the Agency. BRIDGES will uphold the protections provided under the State and Federal Whistleblower Laws for members of the Agency.

## Reporting Concerns and Enforcement

You may use any of the following methods to report concerns of violations:

- Make a report to the person that supervises your work
- Make a report to the Compliance Officer
- Make a report to the Executive Director
- Make a *confidential* report in writing and submit electronically to [compliance@BRIDGESrc.org](mailto:compliance@BRIDGESrc.org) or via mail.
- Make an *anonymous* report by using Agency's Compliance Hotline (845-215-1013)

There are numerous methods available to report concerns. You can make a report anonymously, or in person. If you become aware of a concern, you are encouraged to report it to your supervisor, whose responsibility it is to ensure that it gets to the appropriate member of leadership. However, if you feel uncomfortable with addressing it with your immediate supervisor, your concern can be directly addressed by other means. In the event that you feel the Compliance Officer is not responsive to, or is involved in the issue of concern, you have the option to directly bring your concern to the Executive Director.

## Non-Discrimination and Harassment

As a BRIDGES employee, you will be able to seek, obtain, and hold employment without being subject to harassment based on sex, sexual orientation, race, color, gender, age, disability, religion, ethnic origin, or any other classification identified by law. The Agency is committed to providing you with an environment free from harassment and intimidation. Sexual harassment is of particular concern. Any unwelcome verbal or physical conduct, such as jokes, innuendo, slurs, touching, gesturing, or other verbal or physical conduct of sexual nature shall be considered harassment, and violation of this policy may subject the offender to disciplinary action or termination of employment.

## Disruptive Conduct

As a BRIDGES employee, you are expected to use common sense and good judgment. The Agency is held to the highest standard of conduct, etiquette, and professionalism in all employment-related dealings with people served, visitors, vendors, and co-workers. Any employee who exhibits unprofessional conduct of any kind, including, but not limited to disruptive, discourteous, disrespectful or abusive behavior, threats or physical assaults or sexual harassment to others shall be subject to disciplinary action and if necessary termination of employment.

## Consultants and Contractors

BRIDGES is committed to ensuring that individuals and businesses acting as a representative on its behalf, such as staff, consultants, and independent contractors, will comply with the Compliance Plan. In addition to BRIDGES Board Members and Employees, Business Associates, Consultants, and Contractors are expected to read the Compliance Plan, and acknowledge their agreement to abide by the policies and procedures of the Agency and applicable state and federal laws and regulations. The Agency will not knowingly conduct business with any entity that has been excluded from participation in Medicaid programs, or any other federally funded healthcare program. BRIDGES will screen all staff and contractors through the Office of the Medicaid Inspector General's Exclusion List, as well as other applicable lists to ensure that the Agency is not employing or doing business with excluded persons.



## Enforcement of the Code of Ethics

As a BRIDGES employee, you are subject to disciplinary action for violation of the Code of Ethics. Examples of actions subject to disciplinary action include the following:

- Encouraging, facilitating, or permitting activities that violate the Code of Ethics
- Failing to report suspected violations to the Code of Ethics
- Participating in activities that violate the Code of Ethics



# **Independent Living Orientation**

## Session One: Orientation, Expectations, and Introductions

### Introduction to the Topic

Welcome to *BRIDGES Orientation to Independent Living*. As a new employee or Board member in the field of independent living, you are learning new skills, and will discover that we base our day-to-day actions on a whole new set of principles.

Although independent living, at its most basic level, is a philosophy which sets forth a way of thinking and living, it is also a statutory program guided by standards and assurances of how that philosophy is implemented. This course is designed to help you understand how to put independent living philosophy to work. Together, we will apply the principles and philosophy of independent living to day-to-day situations, discuss actions you may take, and look at how federal or state funder requirements may impact those decisions.

We will briefly review the statute governing Independent Living Centers (ILCs) and the Standards and Assurances for Independent Living including Philosophy, Provision of Cross-Disability Services, Equal Access, and Core Services. There is also a series of scenarios designed to make you think about the impact your actions have on consumers, BRIDGES, and the community.

## Session Two: Laying Some Groundwork

The following is the official definition of an Independent Living Center which is found in the Rehabilitation Act of 1973 (the Act), as amended, and Part 1329 of the Independent Living Program regulations<sup>1</sup>:

*Center for Independent Living means a consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit Agency for individuals with significant disabilities (regardless of age or income) that is designed and operated within a local community by individuals with disabilities; provides an array of IL services as defined in Section 7(18) of the Act, including, at a minimum, independent living core services as defined in this section; and complies with the standards set out in Section 725(b) and provides and complies with the assurances in section 725(c) of the Act and the regulations at §1329.5.*

### Consumer-controlled

An Independent Living Center *by definition* is consumer controlled. *The term “consumer control” means, with respect to an ILC or BRIDGES, that the Agency vests power and authority in individuals with disabilities, including individuals who are or have been recipients of IL services, in terms of the management, staffing, decision making, operation, and provision of services. Consumer control with respect to an individual, means that the individual with a disability asserts control over his or her personal life choices, and in addition, has control over his or her independent living plan (ILP), making informed choices about content, goals and implementation.* This means that more than 50% of the ILC’s staff positions and employees in decision-making positions are filled by persons with disabilities and more than 50% of the Board of directors must be persons with significant disabilities. The disabilities are self-disclosed—no medical diagnosis or proof is required—but it is essential that people with disabilities control the ILC and that individuals with disabilities control their own lives and planning.

### Community-based

With regard to being community-based, statewide independent living councils (SILCs) were created to coordinate the assessment of needs of all of the communities within the state. The primary method for doing this is the State Plan for Independent Living (SPIL), which is developed every three years to identify goals and objectives, unserved and underserved populations and geographic locations, and other things.

From the state level to your local community, you should be able to see how the ILCs, including BRIDGES, are part of the community rather than part of a larger bureaucracy.

The other language in the definition relating to this and to consumer control includes: "is designed and operated within a local community by individuals with disabilities."

### Cross-disability

*Cross-disability means, with respect to services provided by BRIDGES, that BRIDGES provides services to individuals with all different types of significant disabilities, including individuals with significant disabilities who are members of unserved or underserved populations by programs under Title VII. Eligibility for services shall be determined by BRIDGES, and shall not be based on the presence of any one or more specific significant disabilities.*

---

<sup>1</sup> 45 C.F.R 1329.4

## Nonresidential

Community-based means more than simply being located in the community that you serve. It also means being responsive to the needs of people with disabilities in your community. There aren't many needs more critical than housing, right? ILCs, however, are dedicated to assisting people to find their own housing, not to providing housing to them. In other words, ILCs empower people with disabilities to advocate for services and supports they may need to live in the community of their choice. If such services do not exist, the ILC through system advocacy can work with consumers to effect change and garner public-funded programs. ILCs do not "do for consumers, but enable consumers to do for themselves."

## Private, nonprofit

ILCs are expected to be part of the nonprofit sector in the community. That doesn't mean that they can't have earned income; it just means that they are not established for the purpose of making a profit or sharing profits with shareholders. Indeed, ILCs are required to conduct resource development activities to leverage their funds, an activity from which the majority of federal grantees are barred. ILCs are not part of the bureaucracy of any governmental entity.

## Provides an Array of Independent Living Services

The Rehabilitation Act of 1973, as amended, is the document that provides the definition of an ILC. The Act also designates core services that every center must provide, and other services that they may provide.

## Session Three: Philosophy

In the case of ILCs, what we believe—our philosophy—is written right into the federal law that created ILCs. ILCs were very involved in setting these standards because we knew from the beginning that this was one area on which we could not compromise. The law says:

The center shall promote and practice the IL philosophy of—

- 1) *Consumer control of the center regarding decision-making, service delivery, management, and establishment of the policy and direction of the center;*
- 2) *Self-help and self-advocacy;*
- 3) *Development of peer relationships and peer role models to provide peer mentoring;*
- 4) *Equal access for individuals with significant disabilities within their communities and to all of the center's services, programs, activities, resources, and facilities, whether public or private, and regardless of the funding source.*

Let's take a closer look at each of these.

### ***Compliance Indicator 1—Philosophy<sup>2</sup>***

- 1) Consumer control.
  - i. *The center shall provide evidence in its most recent annual performance report<sup>3</sup> that—*
    - A. *Individuals with significant disabilities constitute more than 50 percent of the center's governing Board; and*
    - B. *Individuals with disabilities constitute more than 50 percent of the center's—*
      - (1) *Employees in decision-making positions; and*
      - (2) *Employees in staff positions.*
  - ii. *A center may exclude personal assistants, readers, drivers, and interpreters employed by the center.*
  - iii. *The determination that over 50 percent of a center's employees in decision-making and staff positions are individuals with disabilities must be based on the total number of hours (excluding any overtime) for which employees are actually paid during the last six-month period covered by the center's most recent annual performance report. However, a center must include in this determination its employees who are on unpaid family or maternity leave during this six-month period.*

---

<sup>2</sup> To be eligible to receive funds under this part (Independent Living Services and Centers for Independent Living), a Center must comply with the Standards and Assurances in Section 725 and terms and conditions of the grant award, written on the Notice of Award and available at [https://acl.gov/Funding\\_Opportunities/Grantee\\_Info/Index.aspx](https://acl.gov/Funding_Opportunities/Grantee_Info/Index.aspx), under information for current grantees.

<sup>3</sup> The Program Performance Report (formerly 704 Report Part II) must be submitted by centers to HHS/ACL once a year within 90 days of the grant period ending.

Remember that no one has to *prove* that they have a disability. This information is self-disclosed without any required documentation. How does your center demonstrate that it practices consumer control?

2) Self-help and self-advocacy

*The center shall provide evidence in its most recent annual performance report that it promotes self-help and self-advocacy among individuals with significant disabilities (e.g., by conducting activities to train individuals with significant disabilities in self-advocacy).*

3) Development of peer relationships and peer role models

*The center shall provide evidence in its most recent annual performance report that it promotes the development of peer relationships and peer role models among individuals with significant disabilities (e.g., by using individuals with significant disabilities who have achieved IL goals—whether the goals were achieved independently or through assistance and services provided by a center—as instructors, volunteer or paid, in its training programs or as peer counselors).*

We will discuss this area more when we talk about the core service of Peer Mentoring.

4) Equal access

*The center shall provide evidence in its most recent annual performance report that it—*

- i. Ensures equal access of individuals with significant disabilities, including communication and physical access, to the center's services, programs, activities, resources, and facilities, whether publicly or privately funded. Equal access, for purposes of this paragraph, means that the same access is provided to any individual with a significant disability regardless of the individual's type of significant disability.*
- ii. Advocates for and conducts activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities. Equal access, for purposes of this paragraph, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.*

5) Alternative formats

*A center shall make available in alternative formats, as appropriate, all of its written policies and materials and IL services.*

Alternate formats are formats that make the information accessible.

## Session Four: Consumer Control

When the Administration for Community Living (ACL), the federal Agency responsible for funding and oversight of ILCs, visits a center to conduct an on-site review, they will take into account a number of things in assessing how the center is meeting this standard. Among these are reviewing records, interviewing staff and consumers, and scanning center brochures and procedures to be sure they reflect consumer control.

It is important to understand that consumer control is the driving principle of ILCs; however, there are rules that ILCs must follow to maintain their status as non-profit organizations. A non-profit organization has legal and ethical obligations to consider in everything that it does. There are restrictions on how federal funds are used. The scenarios that follow will help you to understand the true meaning of consumer control.

### Scenario #1: Taking Consumers for a Ride

Anne Matthews is the director of the Eastside Center for Independent Living (ECIL). She was hired six months ago and asked by the Board of directors to straighten out the center's financial mess.

The first three months of her job presented many serious challenges, but Anne was proudest of the changes she made to ECIL's transportation program.

In place for over 10 years, the transportation program was losing over \$55,000 each year. ECIL had five vans that provided door-to-door service for the center's consumers. The quality of the service had never been good, but consumers put up with late pickups and surly drivers because ECIL was the only provider in town. Two years ago, however, United Cerebral Palsy bought two vans and many "loyal" users of ECIL's service had started to use the UCP program.

Shortly after she arrived on the scene, Anne let the manager of the transportation program go. She felt that if he hadn't made changes in the program in 10 years, he wasn't going to be much help now. She then started a drivers' education program that required each driver to attend 10 hours of training on IL philosophy, safety, and sensitivity to disability issues.

Anne also stepped up the maintenance schedule so that the lifts, heaters, and air conditioners on the van were always in operating condition. Her final action was to hire Jeff Andrews as the transportation manager. She was excited about hiring Jeff because he had run a similar system for Easter Seals in Los Angeles.

In the last three months, ridership was up and the program was breaking even financially. Anne was confident that the program would be making money within 18 months.

This morning, Anne was visited by Mary Greene and Cathy Parsons, two consumers of the transportation program, who insisted on speaking with her. They complained that they were "treated like children" by ECIL staff. Apparently, they were at a center function the preceding week and decided to stop at a local pub on their way home. The pub is located three blocks from their apartment house in a neighborhood the some consider dangerous. The driver refused to drop them off, citing the danger to them.

Anne thanked the consumers and promised that she would get back to them after talking to her staff.

When Anne met with Jeff she found that he was already aware of the incident. "These two caused quite a scene," he exclaimed. "They cussed out the driver and told everyone in the lobby that the center treats them like prisoners rather than consumers."

Anne told him that the consumers may have a point. "After all," she pointed out, "Mary and Cathy are adults."



“That’s not the point,” said Jeff, “ECIL will lose its insurance if it starts dropping consumers off in dangerous neighborhoods. We can’t advertise that ECIL provides door-to-door service and then turn around and let consumers out just anywhere.” Jeff went on to explain that family members might sue the center if something happens to a consumer.

## Session Five: Informed Choice

An informed choice is a decision made by the consumer after the consumer has reviewed and understands the alternatives that are possible.

The concept implies that the consumer has the ability to understand the information and communicate the decisions. When someone is not able to do these things, a guardian or conservator is sometimes appointed by a court. Unless someone has a court-appointed guardian, no matter what your personal opinion is of the person's ability, he or she can legally make their own choices.

Your role, typically, is to assist the individual in knowing the available options before he or she makes a choice. That is the "informed" part of the philosophy of informed choice.

### Scenario #2: But it's the Best One in Town

Jim McCarthy is the newest member of the staff at Midvale Center for Independent Living (MCIL). He is working in the Personal Assistance Services (PAS) program and just been assigned his first 10 consumers.

This morning, Jim is reading files and, for the first time, taking his turn in the office. At 10:30 in the morning Jim received his first visit. Fred Martin, who had never been in contact with the center, is looking for a place to live. Fred told Jim that he needed to move someplace where "someone could take care of me."

When Jim spoke to Fred he found that Fred had just been released from the hospital where he had received treatment for a severe bedsore. Fred asked Jim if the center had housing and seemed surprised when Jim explained that centers offer only non-residential community-based services.

Jim then went on to explain the personal assistance service (PAS) program provided by the center and funded through the state's Medicaid waiver. When Fred asked about access to the program, however, he was told that there was a nine-month waiting list.

Jim spent the next hour going over other options at the center and in the community, telling Fred the strengths and weaknesses of each.

Frustrated by his situation, Fred asked Jim if he would help him get into a nursing home. "I just need a place I can go for a year or so," Fred said. "Besides, it's where my mother wants me to go." Jim took Fred's phone number and promised to call him back.

Jim immediately went to his supervisor, who confirmed that there are no immediate PAS options for Fred. He commended Jim for his work, and suggested that Jim send Fred information on MCIL's advocacy program. The center had led the fight to bring PAS to the state and recently sued the governor because 70% of the state's community-based funds were still being spent in nursing homes.

Jim's supervisor also suggested that he call the Area Agency on Aging, which maintains a list of accredited nursing homes, and pass the information along to Fred.

Later that day, Jim was sharing his experience with a co-worker, Marcie. "How could you consider helping someone get into a nursing home?" she asked. "This isn't what we're about! We're trying to close nursing homes and you're helping consumers get into them."

Jim was confused. After all, there aren't any other options. "And besides," Jim protested, "it was Fred's choice."

## **Session Six:**

### **The ILC as the Center of the Disability Community – We Are Peers**

While ILCs are certainly service providers, they are also something more. Strong, effective centers are a place where the disability community can gather and where people with disabilities who are experienced in living in their community can offer peer mentoring to those who are still working to implement their plans for IL. With this in mind, consider this scenario.

#### **Scenario #3: Walking the Walk**

Greg Mitchell is the Transition Specialist for the East Lakes Center for Independent Living (ELCIL). He is the center's first point of contact for consumers wishing to maintain or pursue community-based living, and his responsibilities include assisting consumers as they develop their transition plans.

Greg has been in this position for four years and has become knowledgeable about independent living resources in the community. In spite of Greg's knowledge, consumers often pass by his office to speak with other IL staff at the center.

The center recently hired a new executive director, Pete Williams, who has been directed by the Board to improve ELCIL's adherence to the IL philosophy. He is particularly concerned about the nursing home transition program, believing that it is one of the most important services offered by a center.

In discussions with Greg, Pete has expressed concern that consumers rarely spend more than a few minutes with him. He feels that a transition specialist should work with consumers to better identify their barriers to independence and sort through options available in the community, including discussing the strengths and weaknesses of each option. In addition to giving him several training manuals that had been developed by the field, Pete sent Greg to a three-day transition training in another state.

In spite of these efforts, there has been no noticeable change in the response of consumers to Greg's efforts. They just don't seem to respond to him.

Pete believes he knows what the root of the problem is: Greg's living situation. Pete overheard a group of consumers ridiculing Greg's preference "to live in an institution." When asked about their comments, they told Pete that Greg "tells us to move into the community, but won't do it himself."

Greg has lived for the last eight years in the Good Samaritan Rehabilitation Center, a nursing home on the outskirts of the city. In spite of the center's assurances of housing, transportation, and personal assistance services, Greg has been unwilling to even explore moving into the city. Greg says he likes living in the nursing home because "it's easy."

In Pete's mind, Greg will never be an effective role model or transition specialist as long as he continues to live in an institutional setting and use segregated health care and transportation services. None of the other staff at ELCIL were willing to trade jobs with Greg.

After clearing his intentions with the center's attorney, Pete gives Greg an ultimatum: Move into the community within six months or lose his job.

## Session Seven: Provision of Services

The cross-disability standard was always intended to encourage centers to include people with all types of disabilities in every aspect of center operations and services. The reasoning behind the concept is that people with disabilities are more alike than different, and that drawing lines by type of disability creates artificial barriers within the disability community, unnecessarily separating one group from the rest. As a civil rights movement, we have learned firsthand that “separate” is not “equal.”

After the reauthorization of the Rehabilitation Act in 1992, this standard became the basis upon which many single-disability centers throughout the country were either closed or merged with centers that were cross-disability because they had, in the past, required the presence of a specific disability to be eligible for their services.

Let's look first at the standard for service provision and the indicators that are required to show that services are cross-disability. Then review and comment on the scenario below.

### EVALUATION STANDARD 2—PROVISION OF SERVICES

- 1) *BRIDGES shall provide IL services to individuals with a range of significant disabilities.*
- 2) *BRIDGES shall provide services on a cross-disability basis (i.e., for individuals with all different types of significant disabilities, including individuals with significant disabilities who are members of populations that are unserved or underserved by programs under Title VII of this Act).*
- 3) *BRIDGES shall determine eligibility for IL services. The center may not base eligibility on the presence of any one or more specific significant disabilities.*

#### ***Compliance indicator 2—Provision of services on a cross-disability basis***

*BRIDGES shall provide evidence in its most recent annual performance report that it—*

- 1) *Provides IL services to eligible individuals or groups of individuals without restrictions based on the particular type or types of significant disability of an individual or group of individuals, unless the restricted IL service (other than the IL core services) is unique to the significant disability of the individuals to be served;*
- 2) *Provides IL services to individuals with a diversity of significant disabilities and individuals who are members of populations that are unserved or underserved by programs under Title VII of the Act; and*
- 3) *Provides IL core services to individuals with significant disabilities in a manner that is neither targeted nor limited to a particular type of significant disability.*

#### Scenario #4: Replace the Director

In response to a request from the Deaf community, the WD Center for Independent Living (WDCIL) was awarded funding to establish a Deaf services program. Nine months later, the chairman of the WDCIL Board of directors received 18 letters from the local Deaf community expressing dissatisfaction with services at the center. Apparently, those in the Deaf community who wrote felt that the center was making only a token effort to respond to their needs.

Truthfully, the center hadn't been very successful. The executive director had filled only one of the four new staff positions supported by the funder with an IL Specialist who had skills in sign language, but was not deaf. Given the lack of qualified people who could sign, the executive director felt that he had done an adequate job. The grant also called for all of the staff to take a sign language class, and one was scheduled to begin in two months.

The Deaf community felt that the executive director wasn't taking their needs seriously. Although the Deaf community had advocated for the grant funds, the center had made only a halfhearted effort to improve services. They pointed out that a sign language class could have already happened and that the funding for the four staff positions could have been consolidated (a common practice in the state) to attract three qualified candidates rather than four.

The Deaf community felt that WDCIL was insensitive to their needs and moving too slowly. While they understood that they could not get funding for their own center, they sincerely believed that no center would ever adequately meet their needs unless a person who was deaf was in the executive director position. Given that, representatives of the Deaf community were demanding that the Statewide Independent Living Council intercede with the WDCIL Board chairman to let the executive director go and replace him with a person who is deaf.

## Session Eight: Equal Access

### Equal Access

BRIDGES demonstrates that *individuals with significant disabilities have equal access to all of the center's services, programs, activities, resources, and facilities, whether publicly or privately funded, without regard to the type of significant disability of the individual by having policies that clearly mandate this access and by showing that individuals in a broad range of categories of disability benefit from the services and programs of the center. Demonstration includes access to materials, communication, and the environment (i.e. physical accessibility including a scent-free environment).*

### ***Promotion of Equal Access***

BRIDGES promotes *equal access of individuals with significant disabilities to all services, programs, activities, resources, and facilities within their communities by making public statements that promote equal access, by identifying advocacy objectives that address equal access, and by conducting effective advocacy in the community to promote such access.*

### Scenario #5: How Could She Know?

Evelyn is the receptionist at True Story ILC. A man drops by the office without an appointment and asks to talk to "someone who can help me." When Evelyn attempts to learn what assistance the man wants, he doesn't seem to want to explain. She shrugs and sets an appointment for him to meet with an Independent Living Specialist. When she asks his name the man says that he doesn't wish to give his name, then hesitates and offers, "It's Tim. Just Tim."

After Tim's meeting, the ILS asks Evelyn to come in and talk to him.

"That was a terrible meeting," he tells her, "and it's all your fault. Why didn't you tell me that Tim needed a reader for all the consumer information?"

"He didn't tell me that he needed a reader," she replied. "How could I know that?"

## Session Nine: Core Service—Information & Referral

Information and Referral (I & R) services are often the first point of contact between the center and a new consumer. The intent is to provide consumers with information and referral to community resources that meet their immediate needs. It is often also the only chance the ILC has to provide information on the other services available, so is sometimes considered a gateway to providing other services.

Information and Referral is a primary means to promoting consumer empowerment. The old saying that “knowledge is power” is true in many ways, especially for those who are seeking control over their own lives. Service systems and resources for people with disabilities are complex and often fragmented. Resources for accessible, affordable housing; legal remedies; financial benefits; and other supports aren’t helpful unless people know about them. Information and Referral service supports an individual’s capacity for self-reliance and self-determination—an essential component of personal empowerment.

Information and Referral has often been viewed as a less important service than other core services, but nothing could be further from the truth. Effective I & R services support individuals in planning for their life and developing self-advocacy skills, not just dealing with the immediate crisis.

Information and Referral services are currently the only services provided by ILCs that do not require that the person served be deemed eligible (self-declaring a significant disability) and that do not require either a written Independent Living Plan or, if the consumer waives the plan, written goals that are indicated in the Consumer Service Record.

## Session Ten: Core Service—Individual and Systems Advocacy

Before core services were defined in law, Ed Roberts (the “father” of independent living) was asked what the three most important services were. He replied, "Advocacy, advocacy and advocacy."

### Individual Advocacy

The philosophy of independent living at its most basic means controlling and directing your own life. It means taking risks and being allowed to succeed and fail on your own terms. Sometimes individuals need and want assistance from others because they are still in the process of developing the skill of speaking up for themselves. Individuals may need to be supported in learning how to approach people that have power over them, how to formulate their thinking, and what words to say. They often want to understand what their rights are.

Sometimes it may also involve supporting and communicating with the consumer’s caregivers, other community-based agencies, and others in the consumer’s circle of support.

Individual advocacy often evolves into the core service of Independent Living Skills training as the consumer receives mentoring about how to communicate and make their needs known to family members, landlords, neighbors, legislators, and the nondisabled community. The Independent Living Specialist may do role-playing with the consumer in how to make a phone call to the Social Security Administration, or talk to the owner of an inaccessible store he or she would like to get into, or how to push back with a landlord that is being difficult. Sometimes a CIL will take direct action and intervene on the person’s behalf when it has been requested to do so.

The expectation is that Individual Advocacy services are provided in the context of written goals, either in a formal Independent Living Plan or, if the consumer waives the plan, in other written form that captures the goal or purpose for the advocacy service for the individual consumer. As services begin to blend together, that demonstrates movement toward accomplishing goals because it’s not possible to completely segregate core services from one another. Keeping the person’s goals at the forefront of all services will guide the process.

### Systems Advocacy

Often the similar needs of multiple consumers will lead a center to conduct Systems Advocacy. Many times the same barriers occur over and over again for a wide variety of people. Not only is it okay for centers to do Systems Advocacy, it is a requirement that they do so.

Every center in every part of the nation is familiar with the lack of affordable, accessible, integrated housing; people in nursing homes who can’t get out; the absence of or inaccessibility of transit systems; exclusive education practices; and a host of other situations that are caused by systemic policies, procedures, and practices. By conducting systems advocacy, not only at the local level but also the state and national levels, centers have had a significant and lasting impact on universally experienced barriers.

Systems Advocacy can take several forms, including providing testimony at public hearings; serving on local and state councils, work groups, and task forces that are examining policies and practices; writing letters to the editor; proposing new policies and regulations to legislators and local governments; using the media to change public opinion; conducting protests in the streets; and taking legal action. No one form of advocacy is the “right” approach. Sometimes all approaches must be used to have the degree of impact necessary to bring about change. However, it’s also important that each center evaluates its own abilities and the resources it has in the community, and do what works in its own situation. It’s just essential that every center engage in systems advocacy because without removal of barriers, independence is an elusive dream for many people.



## **Session Eleven: Core Service—Peer Counseling (including cross-disability peer counseling) Services**

Peer support is such a cornerstone of the Independent Living Movement that it's easy to take it for granted. And often people use the term without defining it because they presume that everyone defines it the same. The concept that centers are run by people with disabilities and that the shared experience of disability provides a valuable opportunity for mentoring and mutual support is foundational for ILCs. A person with life experience with a disability can be a valuable resource and offer encouragement to a person who is adapting to a new disability, or who wishes to increase their independence.

Peer support and peer mentoring are at the heart of the Independent Living Program and philosophy. Peers bring their own personal experience of living with a disability to the conversation as they assist consumers in envisioning and reaching their own independent living goals.

To meet the requirements of the core service of Peer Counseling, ILCS may provide one-on-one peer relationships or peer mentoring support groups or both. Some ILCs have an organized group of volunteers with disabilities to provide peer mentoring, while others depend on staff members with disabilities to provide peer support.

Peer mentors are not only people who personally live with a disability, but they are also individuals who already live independently in their community and have a desire to help others achieve their independent living goals. Having paid or volunteer peer mentors can expand the reach of an ILC, particularly for smaller ILCs with large service areas.

The expectation is that peer mentoring services are provided in the context of written goals, either in a formal Independent Living Plan or in other written form that captures the goal or purpose for the service for the individual consumer.

## Session Twelve: Core Service—Independent Living Skills Training

The ILC Program Performance Report, or CIL-PPR, (formerly the 704 Report), the annual performance report required under Section 704 of the Act, provides information about CIL activities, and defines IL Skills Training and Life Skill Training services to include "instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities."

Independent Living Skills Training is very much connected to individuals and their goals, and warrants the opening of a Consumer Service Record and the development of goals. Having the skills necessary to make their own decisions and manage the day-to-day activities of their lives is foundational to achieving the personal freedom consumers seek. IL Skills Training often happens one-on-one when ILC staff are facilitating the achievement of consumer goals, such as giving individualized instruction on taking the bus. However, Independent Living Skills Training can take place in a variety of formats, such as workshops and small groups.

Groups can be cross-disability or consist of people with the same or similar disability. Training may occur in the ILC, the community, or the consumer's home. In addition, training may also be offered on Social Security benefits management, understanding resources, communicating effectively, job readiness skills such as resume writing and interviewing, assistive technology, recreational opportunities, navigating public transportation, and other areas. IL Skills Training can be provided on any skill or topic that helps an individual with disabilities to live more independently.

Sometimes training in life skills leads to the development of increased self-advocacy skills, and the core services of IL skills training and advocacy/self-advocacy begin to blend together. A consumer may request one service, then realize while working with staff that s/he needs a different service. One service can easily move toward another service, such as when a discussion about balancing budgets and financial management can lead to providing assistance with finding employment or housing. This blending of core services is actually indicative of successful outcomes, but may raise questions about how to classify a particular service in the Program Performance Report.

BRIDGES has services that are so interconnected that they appear seamless to a consumer. Staff, however, should be able to differentiate the service provided to meet a specific goal step. When services are blended, the goals or goal steps will help with accurate service reporting.

Many ILCs offer training opportunities for family members of people with disabilities. This is also a good practice and can expand the reach of Independent Living Skills considerably. However, because family members are not the consumer with the open CSR, this is not IL Skills Training. Those services should be tracked separately. Many ILCs record them as community activities.

## Session Thirteen: Core Service—Transition or Diversion from Institutions

BRIDGES provides the service of assisting individuals to relocate to the community from nursing homes and other institutions. On July 22, 2014, the Workforce Innovation and Opportunity Act (WIOA) was signed into law, bringing about a number of changes to the independent living program, including adding new core services that have both a “transition” and a “diversion” component.

The new core services include three prongs:

- 1) facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services
- 2) provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals remain in the community, and
- 3) facilitate the transition of youth who are individuals with significant disabilities who are eligible for individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C. 14149d), and who have completed their secondary education or otherwise left school, to postsecondary life.

The independent living field is extremely well positioned to take on the task of “transition” and “diversion” as part of “official” core services. Surveys and informal reports from centers suggest that the vast majority of them have been providing transition and diversion services for some time. This would be consistent with the Independent Living philosophy that centers practice, promoting the least restrictive environment and community-based choices for all persons with disabilities.

The Independent Living Movement has been active in deinstitutionalization from its beginning, including supporting the initiatives where funding can follow the person from the nursing home into the community. Independent living advocates were involved in pushing for the Olmstead decision, a Supreme Court decision that requires that individuals be allowed to choose services in the community over institutional care if they wish. New York State has its own strategy for implementing this landmark decision.

“Providing assistance to remain in the community” will require some definitions so that ILCs are implementing it consistently across the country. The independent living regulations which implement the Rehabilitation Act as amended under WIOA simply state: “Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community. A determination of who is at risk of entering an institution should include self-identification by the individual as part of the intake or goal-setting process.”

In ILC programs, the expectation is that Transition and Diversion services are provided in the context of written goals, either in a formal Independent Living Plan or in other written form that captures the goal or purpose for the service for the individual consumer.

## **Session Fourteen: Core Service—Transition of Youth to Postsecondary Life**

Many consumer-directed ILCs, including BRIDGES, provide the service of assisting youth and young adults to transition from school and life with parents to post-secondary education, employment, and independent living for some time. On July 22, 2014, the Workforce Innovation and Opportunity Act (WIOA) was signed into law, bringing about a number of changes to the independent living program, adding new core services, including a “transition” component for youth.

This core service essentially means any independent living service provided to youth with significant disabilities who are between the ages 14 and 24 that assists in the transition to post-secondary life. The parameters identified in the law (post -secondary) focus on a specific population of youth. However, you are allowed to expand these parameters to include individuals who are still in school, as long as you can clearly identify those individuals who are considered youth who have left school. You can provide all core services to youth, but Congress emphasized the required transition component has the intent to provide opportunities for post-secondary success. If your center doesn't yet have youth transition services in place, you now need to develop them specifically for individuals transitioning to post-secondary life. You can serve other youth with significant disabilities if you wish, but must provide services to this group of young adults. A number of ILCs wrap their youth transition programs into their overall core services, as is now required. Successful and effective ILC youth transition services are integrated, not separate from the other services of the center.

The expectation is that Youth Transition services to postsecondary life are provided in the context of written goals, either in a formal Independent Living Plan or in other written form that captures the goal or purpose for the service for the individual consumer.

## **Session Fifteen: Summary Discussion**

Following this section are National Resources on Independent Living and References and Recommended Readings. We encourage you to read these at your leisure for a deeper understanding and framework of the basic philosophy and requirements of the Independent Living Program.

## **National Resources on Independent Living**

The following is a list of several national organizations that have been established to provide technical assistance on independent living issues.

### **Independent Living Research Utilization Program**

ILRU Program is a national center for information, training, research, and technical assistance on independent living. Founded in 1977, its goal is to expand the body of knowledge in independent living and to improve utilization of results of related research and demonstration projects. Website: <http://www.ilru.org>.

### **National Council on Independent Living**

Founded in 1982, NCIL is a membership organization representing independent living centers, statewide independent living councils, and individuals with disabilities. NCIL has been instrumental in efforts to incorporate independent living philosophy in federal legislation and regulations. Website: <http://www.ncil.org>.

### **Association of Programs for Rural Independent Living**

One of the best resources for information about rural independent living is APRIL. Established in 1986, APRIL is an association of centers and other organizations and individuals across the country serving a predominantly rural constituency and focus. Website: <http://www.april-rural.org>.

### **Disability and Business Technical Assistance Centers on ADA**

There are 10 regional DBTACs funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), the U.S. Department of Health and Human Services, to provide technical assistance and training on the Americans with Disabilities Act (ADA). The Southwest DBTAC, operated by ILRU, features a Hispanic outreach program. By calling 1-800-949-4232 from anywhere in the country, your call will be routed automatically to the appropriate regional DBTAC. Website: <http://www.adata.org>.

### **American Disabled for Attendant Programs Today**

ADAPT is one of the oldest and most active grassroots disability rights advocacy groups. Following its tremendous success in advocating for accessible transportation, ADAPT now focuses its mission on personal assistance services and the full implementation of the Supreme Court's Olmstead ruling. Website: <http://www.adapt.org>.

### **Disability Rights Education and Defense Fund**

DREDF is an organization dedicated to promoting the civil rights of individuals with disabilities through research, education, and advocacy. Website: <http://www.dredf.org>.

### **World Institute on Disability**

Originally founded in 1983 from within the grassroots disability rights movement, WID's focus is now international in scope. WID conducts research and training in public policy, personal assistance services, and independent living. Website: <http://www.wid.org>.

*Research and Training Center on Independent Living at the University of Kansas*

The University of Kansas operates a national research and training center that focuses on aspects of independent living. Its research is used in a variety of ways, including training in the field, conference presentations, policy decision-making, and useful products. Website: <http://www.rtcil.org>

## References and Recommended Readings

### Updated May 2017

- Bowe, F. (1992). *Equal Rights for Americans with Disabilities*. New York: Franklin Watts, Inc.
- DeJong, G. (1979, October). Independent Living: From Social Movement to Analytic Paradigm. *Archives of Physical Medicine and Rehabilitation* 60: 435-446.
- Kailes, J. I. (Revised 1997). *Advocacy: Reality or Rhetoric Inventory*. 5 pages. A popular questionnaire tool used to help evaluate if an independent living center or other disability related organization is truly committed to advocacy and systems change. Self-published.
- Kailes, J. I. (1995). *Americans with Disabilities Act Compliance Guide for Organizations*. 225 pages. Self-published.
- Kailes, J. I. (Revised 1997). *Centers for Independent Living*. 12 pages. Self-published.
- Kailes, J. I. (1996). *Resource List: Wellness, Self-Care, Exercise & Aging with Disability*. Third Edition. Research and Training Center on Aging with Disability. Los Angeles, California.
- Kailes, June. (1984). Language is More Than a Trivial Concern! reprinted in *Disability Pride*.
- Kailes, June Isaacson. (1993). *Disability Pride: The Interrelationship of Self-Worth, Self-Empowerment, & Disability Culture*. Houston: ILRU Program.
- Lachat, Mary Ann. (1988). *The Independent Living Service Model: Historical Roots, Core Elements, and Current Practice*. Hampton, NH: Center for Resource Management.
- National Council on the Handicapped (now the National Council on Disability). (1986, February). *Toward Independence: An Assessment of Federal Laws and Programs Affecting Persons with Disabilities – With Legislative Recommendations*. Available from NCD, 1331 F Street, NW, Suite 1050, Washington, DC 20004 (202) 272-2004 (v), 272-2074 (TTY).
- National Council on the Handicapped (now the National Council on Disability). (1988, January). *On the Threshold of Independence: A Report to the President and the Congress of the United States*. Available from NCD (see above).
- Ragged Edge Online. An online source for articles on a wide range of topics related to the disability rights movement. Website: [www.ragged-edge-mag.com](http://www.ragged-edge-mag.com)
- Richards, Laurel and Quentin Smith. (1987). *An Orientation to Independent Living Centers*. Houston: ILRU Program.
- Shapiro, Joseph P. (1993). *No Pity*. New York: Random House, Inc.
- Shreve Maggie, Patricia Spiller, Eric Griffin, Nancy Waldron, & Lynda Stolzman. Martha Williams, ed. *Consumer Control in Independent Living*. Available from: Center for Resource Management, 2 Highland Road, South Hampton, NH 03847; (603) 394-7040 (v/TTY), 394-7483 (fax).
- We Won't Go Away*, videocassette. Sells for \$20 each, including postage, from the World Institute on Disability, 510 16th Street, Suite 100, Oakland, CA 94612 (510) 763-4100 (v), 208-9493 (TTY).
- Willig, Chava Levy. *A People's History of Independent Living*. (1988). Available from the Research and Training Center on Independent Living, 4089 Dole Building, University of Kansas 66045; (913) 864-4095 (v/TTY).
- In a special issue on rural independent living in the Rural Special Education Quarterly 11, no. 1 (1992):***  
Clay, Julie Anna. Native American Independent Living, 41-50.



Nosek, Margaret. The Personal Assistance Dilemma for People with Disabilities Living in Rural Areas, 36-40.

Potter, Carol G., Quentin W. Smith, Huong Quan, & Margaret A. Nosek. Delivering Independent Living Services in Rural Communities: Options and Alternatives, 16-23.

Seekins, Tom, Craig Reveslout, and Bob Maffit. Extending the Independent Living Center Model to Rural Areas: Expanding Services through State and Local Efforts, 11-15.

Most of the readings cited above can be obtained from resource clearinghouses. Several are listed below and can be reached for further information about publications and modem-accessible databases by mail or telephone.

- National Clearinghouse of Rehabilitation Training Materials, Oklahoma State University, 816 West Sixth Ave., Stillwater, OK 74078 (800) 223-5219.
- National Rehabilitation Information Center (NARIC), 8455 Colesville Road, Suite 935, Silver Spring, MD 20910 (800) 346-2742 (v), 227-0216 (TTY).
- ERIC Clearinghouse on Disabilities and Gifted Education (formerly the ERIC Clearinghouse on Handicapped and Gifted Children), 1920 Association Dr., Reston, VA 22091, (800) 328-0272 (v/TTY) at the Council for Exceptional Children, (703) 620-3660, ext. 307 (v).

ILRU also offers a number of publications and other materials on various independent living subjects. For a listing of resource materials, contact ILRU at 1333 Moursund Street, Houston, TX 77030, (713) 520-0232 (v), 520-5136 (TTY); e-mail: [ilru@ilru.org](mailto:ilru@ilru.org)

## **Appendix A: Standards and Assurances for Centers for Independent Living (CILs)**

45 C.F.R. §1329.5: To be eligible to receive funds under this part (Independent Living Services and Centers for Independent Living), a Center must comply with the standards in section 725(b) and assurances in section 725(c) of the Act, with the indicators of minimum compliance, and the requirements contained in the terms and conditions of the grant award.

### **STANDARDS**

#### ***EVALUATION STANDARD 1—PHILOSOPHY***

The ILC shall promote and practice the independent living philosophy of—

- 1) Consumer control of the ILC regarding decision-making, service delivery, management, and establishment of the policy and direction of the center;
- 2) Self-help and self-advocacy;
- 3) Development of peer relationships and peer role models; and
- 4) Equal access for individuals with significant disabilities within their communities and to all services, programs, activities, resources, and facilities, whether public or private and regardless of the funding source.

#### ***EVALUATION STANDARD 2—PROVISION OF SERVICES***

- 1) The ILC shall provide IL services to individuals with a range of significant disabilities.
- 2) The ILC shall provide services on a cross-disability basis (for individuals with all different types of significant disabilities, including individuals with significant disabilities who are members of populations that are unserved or underserved by programs under Title VII of this Act).
- 3) The ILC shall determine eligibility for IL services. The center may not base eligibility on the presence of any one or more specific significant disabilities.

#### ***EVALUATION STANDARD 3—INDEPENDENT LIVING GOALS***

The ILC shall facilitate the development and achievement of independent living goals selected by individuals with significant disabilities who seek such assistance by the ILC.

#### ***EVALUATION STANDARD 4—COMMUNITY OPTIONS***

The ILC shall work to increase the availability and improve the quality of community options for independent living in order to facilitate the development and achievement of independent living goals by individuals with significant disabilities.

## ***EVALUATION STANDARD 5—INDEPENDENT LIVING CORE SERVICES***

The ILC shall provide independent living core services and, as appropriate, a combination of any other independent living services.

## ***EVALUATION STANDARD 6—ACTIVITIES TO INCREASE COMMUNITY CAPACITY***

The ILC shall conduct activities to increase the capacity of communities within the service area of the ILC to meet the needs of individuals with significant disabilities.

## ***EVALUATION STANDARD 7—RESOURCE DEVELOPMENT ACTIVITIES***

The ILC shall conduct resource development activities to obtain funding from sources other than this chapter [Chapter 1 of Title VII of the Act].

## **ASSURANCES**

The eligible Agency shall provide at such time and in such manner as the Administrator may require, such satisfactory assurances as the Administrator may require, including satisfactory assurances that—

- 1) The applicant is an eligible Agency;
- 2) The ILC will be designed and operated within local communities by individuals with disabilities, including an assurance that the ILC will have a Board that is the principal governing body of the ILC and a majority of which shall be composed of individuals with significant disabilities;
- 3) The applicant will comply with the standards set forth in subsection (b);
- 4) The applicant will establish clear priorities through annual and 3-year program and financial planning objectives for the ILC, including overall goals or a mission for the ILC, a work plan for achieving the goals or mission, specific objectives, service priorities, and types of services to be provided, and a description that shall demonstrate how the proposed activities of the applicant are consistent with the most recent 3-year State plan under section 704;
- 5) The applicant will use sound organizational and personnel assignment practices, including taking affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503;
- 6) The applicant will ensure that the majority of the staff, and individuals in decision-making positions, of the applicant are individuals with disabilities;
- 7) The applicant will practice sound fiscal management;
- 8) The applicant will conduct self-evaluations, prepare an annual report, and maintain records adequate to measure performance with respect to the standards, containing information regarding, at a minimum—
  - A. The extent to which the ILC is in compliance with the standards;
  - B. The number and types of individuals with significant disabilities receiving services through the ILC;

- C. The types of services provided through the ILC and the number of individuals with significant disabilities receiving each type of service;
  - D. The sources and amounts of funding for the operation of the ILC;
  - E. The number of individuals with significant disabilities who are employed by, and the number who are in a management and decision-making positions in, the ILC; and
  - F. A comparison, when appropriate, of the activities of the ILC in prior years with the activities of the ILC in the most recent year;
- 9) Individuals with significant disabilities who are seeking or receiving services at the ILC will be notified by the ILC of the existence of, the availability of, and how to contact, the client assistance program;
  - 10) Aggressive outreach regarding services provided through the ILC will be conducted in an effort to reach populations of individuals with significant disabilities that are unserved or underserved by programs under this title, especially minority groups and urban and rural populations;
  - 11) Staff at ILCs will receive training on how to serve such unserved and underserved populations, including minority groups and urban and urban and rural populations;
  - 12) The ILC will submit to the Statewide Independent Living Council a copy of its approved grant application and the annual report required under paragraph (8);
  - 13) The ILC will prepare and submit a report to the designated State unit or the Administrator, as the case may be, at the end of each fiscal year that contains the information described in paragraph (8) and information regarding the extent to which the center is in compliance with the standards set forth in subsection (b); and
  - 14) An independent living plan described in section 704(e) will be developed unless the individual who would receive services under the plan signs a waiver stating that such a plan is unnecessary.

## Appendix B: Readings on Independent Living

### History of Independent Living<sup>4</sup>

*By Gina McDonald and Mike Oxford*

This account of the history of independent living stems from a philosophy that states that people with disabilities should have the same civil rights, options, and control over choices in their own lives as do people without disabilities.

The history of independent living is closely tied to the civil rights struggles of the 1950s and 1960s among African-Americans. Basic issues—disgraceful treatment based on bigotry and erroneous stereotypes in housing, education, transportation, and employment—and the strategies and tactics are very similar. This history and its driving philosophy also have much in common with other political and social movements of the country in the late 1960s and early 1970s. There were at least five movements that influenced the disability rights movement.

#### Social Movements

The first social movement was deinstitutionalization, an attempt to move people, primarily those with developmental disabilities, out of institutions and back into their home communities. This movement was led by providers and parents of people with developmental disabilities and was based on the principle of “normalization” developed by Wolf Wolfensberger, a sociologist from Canada. His theory was that people with developmental disabilities should live in the most “normal” setting possible if they were expected to behave “normally.” Other changes occurred in nursing homes where young people with many types of disabilities were warehoused for lack of “better” alternatives (Wolfensberger, 1972).

The next movement to influence disability rights was the civil rights movement. Although people with disabilities were not included as a protected class under the Civil Rights Act, it was a reality that people could achieve rights, at least in law, as a class. Watching the courage of Rosa Parks as she defiantly rode in the front of a public bus, people with disabilities realized the more immediate challenge of even getting on the bus.

The “self-help” movement, which really began in the 1950s with the founding of Alcoholics Anonymous, came into its own in the 1970s. Many self-help books were published and support groups flourished. Self-help and peer support are recognized as key points in independent living philosophy. According to this tenet, people with similar disabilities are believed to be more likely to assist and to understand each other than individuals who do not share experience with similar disability.

Demedicalization was a movement that began to look at more holistic approaches to health care. There was a move toward “demystification” of the medical community. Thus, another cornerstone of independent living philosophy became the shift away from the authoritarian medical model to a paradigm of individual empowerment and responsibility for defining and meeting one’s own needs.

Consumerism, the last movement to be described here, was one in which consumers began to question product reliability and price. Ralph Nader was the most outspoken advocate for this movement, and his staff and followers came to be known as “Nader’s Raiders.” Perhaps most fundamental to independent living philosophy today is the idea of control by consumers of goods and services over the choices and options available to them.

The independent living paradigm, developed by Gerben DeJong in the late 1970s (DeJong, 1979), proposed a shift from the medical model to the independent living model. As with the movements described above, this

---

<sup>4</sup> From IL-NET Training Manual, Standards and More: Beyond Compliance (1995) – [http://www.ilru.org/html/projects/ilnet/ilnet\\_manuals.htm](http://www.ilru.org/html/projects/ilnet/ilnet_manuals.htm)

theory located problems or “deficiencies” in the society, not the individual. People with disabilities no longer saw themselves as broken or sick, certainly not in need of repair. Issues such as social and attitudinal barriers were the real problems facing people with disabilities. The answers were to be found in changing and “fixing” society, not people with disabilities. Most important, decisions must be made by the individual, not by the medical or rehabilitation professional.

Using these principles, people began to view themselves as powerful and self-directed as opposed to passive victims, objects of charity, cripples, or not-whole. Disability began to be seen as a natural, not uncommon, experience in life; not a tragedy.

## **Independent Living**

Ed Roberts is considered to be the “father of independent living.” Ed became disabled at the age of fourteen as a result of polio. After a period of denial in which he almost starved himself to death, Ed returned to school and received his high school diploma. He then wanted to go to college. The California Department of Rehabilitation initially rejected Ed’s application for financial assistance because it was decided that he was “too disabled to work.” He went public with his fight and within one week of doing so, was approved for financial aid by the state. Fifteen years after Ed’s initial rejection by the State of California as an individual who was “too” disabled, he became head of the California Department of Rehabilitation—the Agency that had once written him off.

After Ed earned his associate degree at the College of San Mateo, he applied for admission to the University of California at Berkeley. After initial resistance on the part of the university, Ed was accepted. The university let him use the campus hospital as his dormitory because there was no accessible student housing (none of the residential buildings could support the weight of Ed’s 800-lb. iron lung). He received attendant services through a state program called “Aid to the Totally Disabled.” This is a very important note because this was consumer-controlled personal assistance service. The attendants were hired, trained, and fired by Ed.

In 1970, Ed and other students with disabilities founded a disabled students’ program on the Berkeley campus. His group was called the “Rolling Quads.” Upon graduation, the “Quads” set their sights on the need for access beyond the University’s walls.

Ed contacted Judy Heumann, another disability activist, in New York. He encouraged her to come to California, and along with other advocates; they started the first center for independent living in Berkeley. Although it started out as a “modest” apartment, it became the model for every such center in the country today. This new program rejected the medical model and focused on consumerism, peer support, advocacy for change, and independent living skills training.

In 1983, Ed, Judy, and Joan Leon co-founded the World Institute on Disability (WID), an advocacy and research center promoting the rights of people with disabilities around the world. Ed Roberts died unexpectedly on March 14, 1995.

The early 1970s was a time of awakening for the disability rights movement in a related, but different way. As Ed Roberts and others were fighting for the rights of people with disabilities presumed to be forever “homebound” and were working to assure that participation in society, in school, in work, and at play was a realistic, proper, and achievable goal, others were coming to see how destructive and wrong the systematic institutionalization of people with disabilities could be. Inhuman and degrading treatment of people in state hospitals, schools and other residential institutions such as nursing facilities was coming to light and the financial and social costs were beginning to be considered unacceptable. This awakening within the independent living movement was exemplified by another leading disability rights activist, Wade Blank.

## **ADAPT**

Wade Blank began his lifelong struggle in civil rights activism with Dr. Martin Luther King, Jr. in Selma, Alabama. It was during this period that he learned about the stark oppression that occurred against people considered to be outside the “mainstream” of our “civilized” society. By 1971, Wade was working in a nursing facility, Heritage House, trying to improve the quality of life of some of the younger residents. These efforts, including taking some of the residents to a Grateful Dead concert, ultimately failed. Institutional services and living arrangements were at odds with the pursuit of personal liberties and life with dignity.

In 1974, Wade founded the Atlantis Community, a model for community-based, consumer-controlled, independent living. The Atlantis Community provided personal assistance services primarily under the control of the consumer within a community setting. The first consumers of the Atlantis Community were some of the young residents “freed” from Heritage House by Wade (after he had been fired). Initially, Wade provided personal assistance services to nine people by himself for no pay so that these individuals could integrate into society and live lives of liberty and dignity.

In 1978, Wade and Atlantis realized that access to public transportation was a necessity if people with disabilities were to live independently in the community. This was the year that American Disabled for Accessible Public Transit (ADAPT) was founded.

On July 5-6, 1978, Wade and nineteen disabled activists held a public transit bus “hostage” on the corner of Broadway and Colfax in Denver, Colorado. ADAPT eventually mushroomed into the nation’s first grassroots, disability rights, activist organization.

In the spring of 1990, the Secretary of Transportation, Sam Skinner, finally issued regulations mandating lifts on buses. These regulations implemented a law passed in 1970—the Urban Mass Transit Act—which required lifts on new buses. The transit industry had successfully blocked implementation of this part of the law for twenty years, until ADAPT changed their minds and the minds of the nation.

In 1990, after passage of the Americans With Disabilities Act (ADA), ADAPT shifted its vision toward a national system of community-based personal assistance services and the end of the apartheid-type system of segregating people with disabilities by imprisoning them in institutions against their will. The acronym ADAPT became “American Disabled for Attendant Programs Today.” The fight for a national policy of attendant services and the end of institutionalization continues to this day.

Wade Blank died on February 15, 1993, while unsuccessfully attempting to rescue his son from drowning in the ocean. Wade and Ed Roberts live on in many hearts and in the continuing struggle for the rights of people with disabilities. The lives of these two leaders in the disability rights movement, Ed Roberts and Wade Blank, provide poignant examples of the modern history, philosophy, and evolution of independent living in the United States. To complete this rough sketch of the history of independent living, a look must be taken at the various pieces of legislation concerning the rights of people with disabilities, with a particular emphasis on the original “bible” of civil rights for people with disabilities, the Rehabilitation Act of 1973.

## ***Civil Rights Laws***

Before turning to the Rehabilitation Act, a chronological listing and brief description of important federal civil rights laws affecting people with disabilities is in order.

1964—Civil Rights Act: prohibits discrimination on the basis of race, religion, ethnicity, national origin, and creed; later, gender was added as a protected class.

1968—Architectural Barriers Act: prohibits architectural barriers in all federally owned or leased buildings.



- 1970—Urban Mass Transit Act: requires that all new mass transit vehicles be equipped with wheelchair lifts. As mentioned earlier, it was twenty years, primarily because of machinations of the American Public Transit Association (APTA), before the part of the law requiring wheelchair lifts was implemented.
- 1973—Rehabilitation Act: particularly Title V, Sections 501, 503, and 504, prohibits discrimination in federal programs and services and all other programs or services receiving federal funding.
- 1975—Developmental Disabilities Bill of Rights Act: among other things, establishes Protection and Advocacy services (P & A).
- 1975—Education of All Handicapped Children Act (PL 94-142): requires free, appropriate public education in the least restrictive environment possible for children with disabilities. This law is now called the Individuals with Disabilities Education Act (IDEA).
- 1978—Amendments to the Rehabilitation Act: provides for consumer-controlled centers for independent living.
- 1983—Amendments to the Rehabilitation Act: provides for the Client Assistance Program (CAP), an advocacy program for consumers of rehabilitation and independent living services.
- 1985—Mental Illness Bill of Rights Act: requires protection and advocacy services (P & A) for people with mental illness.
- 1988—Civil Rights Restoration Act: counteracts bad case law by clarifying Congressional intent that under the Rehabilitation Act, discrimination in ANY program or service that is a part of an entity receiving federal funding—not just the part that actually and directly receives the funding—is illegal.
- 1988—Air Carrier Access Act: prohibits discrimination on the basis of disability in air travel and provides for equal access to air transportation services.
- 1988—Fair Housing Amendments Act: prohibits discrimination in housing against people with disabilities and families with children. Also provides for architectural accessibility of certain new housing units, renovation of existing units, and accessibility modifications at the renter's expense.
- 1990—Americans with Disabilities Act: provides comprehensive civil rights protection for people with disabilities; closely modeled after the Civil Rights Act and the Section 504 of Title V of the Rehabilitation Act and its regulations.

The modern history of civil rights for people with disabilities is three decades old. A key piece of this decades-long process is the story of how the Rehabilitation Act of 1973 was finally passed and then implemented. It is the story of the first organized disability rights protest.

### ***The Rehabilitation Act of 1973***

In 1972, Congress passed a rehabilitation bill that independent living activists cheered. President Richard Nixon's veto prevented this bill from becoming law. During the era of political activity at the end of the Vietnam War, Nixon's veto was not taken lying down by disability activists who launched fierce protests across the country. In New York City, an early leader for disability rights, Judy Heumann, staged a sit-in on Madison Avenue with eighty other activists. Traffic was stopped. After a flood of angry letters and protests, in September 1973, Congress overrode Nixon's veto, and the Rehabilitation Act of 1973 finally became law. Passage of this pivotal law was the beginning of the ongoing fight for implementation and revision of the law according to the vision of independent living advocates and disability rights activists.

Key language in the Rehabilitation Act, found in Section 504 of Title V, states that:

*No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.*



Advocates realized that this new law would need regulations in order to be implemented and enforced. By 1977, Presidents Nixon and Ford had come and gone. Jimmy Carter had become president and had appointed Joseph Califano his Secretary of Health, Education and Welfare (HEW). Califano refused to issue regulations and was given an ultimatum and deadline of April 4, 1977. April 4 went by with no regulations and no word from Califano.

On April 5, demonstrations by people with disabilities took place in ten cities across the country. By the end of the day, demonstrations in nine cities were over. In one city—San Francisco—protesters refused to disband.

Demonstrators, more than 150 people with disabilities, had taken over the federal office building and refused to leave. They stayed until May 1. Califano had issued regulations by April 28, but the protesters stayed until they had reviewed the regulations and approved of them.

The lesson is a fairly simple one. As Martin Luther King said,

*It is an historical fact that the privileged groups seldom give up their privileges voluntarily. Individuals may see the moral light and voluntarily give up their unjust posture, but, as we are reminded, groups tend to be more immoral than individuals. We know, through painful experience that freedom is never voluntarily given by the oppressor, it must be demanded by the oppressed.*

## ***Leaders in the Independent Living Movement***

The history of the independent living movement is not complete without mention of some other leaders who continue to make substantial contributions to the movement and to the rights and empowerment of people with disabilities.

- Max Starkloff, Charlie Carr, and Marca Bristo founded the National Council on Independent Living (NCIL) in 1983. NCIL is one of the only national organizations that is consumer-controlled and promotes the rights and empowerment of people with disabilities.
- Justin Dart played a prominent role in the fight for passage of the Americans with Disabilities Act, and is seen by many as the spiritual leader of the movement today.
- Lex Frieden is co-founder of ILRU Program. As director of the National Council on Disability, he directed preparation of the original ADA legislation and its introduction in Congress.
- Liz Savage and Pat Wright are considered to be the “mothers of the ADA.” They led the consumer fight for the passage of the ADA.

There are countless other people who have and continue to make substantial contributions to the independent living movement.

## ***REFERENCES***

DeJong, Gerben. Independent Living: From Social Movement to Analytic Paradigm. *Archives of Physical Medicine and Rehabilitation* 60, October 1979.

Wolfensberger, Wolf. *The Principle of Normalization in Human Services*. Toronto: National Institute on Mental Retardation, 1972.

## Consumer Control Principles in Independent Living<sup>5</sup>

“In matters of principle, stand like a rock...” Thomas Jefferson

In many organizations, the consideration of principles, values, and mission is a rare occurrence seldom connected to planning and action. In independent living centers, however, such considerations need to occur on a continual basis. These discussions are necessary for the formation of a collective consciousness that connects daily operations, successes, and dilemmas to the principle of consumer control. However, in developing a common understanding of the principle of consumer control, ILCs must also arrive at a common definition for the term “consumer.”

Within the independent living field, precisely defining “consumer” and developing policies that address the role of consumers in governance, administration, staffing, service delivery, and advocacy proved to be a complex task. Early definitions focused on the participant in services, but ignored other individuals who are intended beneficiaries of independent living activities—both direct and indirect.

A broader definition of “consumer” has evolved and is now commonly used in the independent living field:

*A consumer is any individual with a disability who may be a past, present, or future participant in independent living services or one who may indirectly benefit from independent living advocacy efforts.*

This definition, which is reflected in this monograph, addresses the pivotal interaction of the independent living center with the larger community and the center’s need to respond to a broad array of issues facing citizens with varying disabilities and ethnic, economic, and cultural differences. It addresses the need for broad-based representation of persons from cross-disability and demographic categories and lays the foundation for an organization that can serve as “a source of support and pride to [all] disabled people in the community and as a symbol of productivity and self-reliance for the broader social and economic community” (Challenge of Emerging Leadership, Mott Foundation Report, 1983). With this broader definition, organizations are charged with creating policies and establishing practices that emphasize the principle of consumer control as representing the cross-disability and social/cultural diversity that exists within their communities.

### ***Defining Consumer Control***

“Consumer control” is defined as: significant representation, power, authority, and influence of individuals with varying disabilities in all aspects of an organization that provides services to enhance independence and that seeks to change the political, social, and economic environment and quality of life possible for all disabled persons.

Translating consumer control principles into consumer control practices requires the exercise of authority by consumers over the organization itself, the exercise of choice by consumers over the services they receive, and the exercise of influence by the organization in overcoming the community barriers that inhibit its consumer population.

Consumer control practices apply to

- organizational decision-making,
- policy development,

---

<sup>5</sup> This article is excerpted and reprinted with permission from Shreve, Spiller, Griffen, Waldron, and Stolzman. (1988). *Consumer Control in Independent Living*, Chapter 2, Center for Resource Management, Inc., South Hampton, NH.

- planning,
- staffing patterns,
- service approaches,
- volunteer involvement,
- approach to the community,
- definition of target population, and
- community advocacy priorities.

Consumer control is achieved and sustained by an organization that maintains the ability to be molded by its constituency. To implement consumer control principles, four areas comprising the full range of center functions and operations need attention: policy making, staffing, services, and community advocacy.

In the remainder of this chapter, the principle of consumer control is defined in the context of major functional areas of an independent living center's operations.

### ***Consumer Control at the Policy Level***

In nonprofit corporations, the Board of directors is the legal entity empowered to establish the value base of the organization, develop policies, and oversee the affairs of the corporation. The Board of directors assumes an important "stewardship" function in ensuring that the mission is fulfilled and that public funds are efficiently and appropriately expended. Since independent living centers are a product of consumer self-advocacy, it follows that the Board of directors is defined as a majority of individuals with disabilities who are knowledgeable about the desires and needs of consumers and who possess a critical range of other specialized knowledge and expertise relevant to governance in nonprofit organizations. Indeed, the standards issued by the National Council on the Handicapped in 1985, with broad approval from leaders in the field, state that the Board of directors of independent living centers should be comprised of at least 51 percent representation by persons with disabilities.

A Board of directors comprised of a majority of persons with disabilities is an important way of enacting the principle of consumer control. But it is not enough. The Board must ensure that the sovereignty of consumers pervades the mission, long-range goals and plans, and policies that govern staffing, financial, and service delivery decisions. More than any other group or individual, the Board influences the integrity and strength of the organization's commitment to consumer control and other core values of the independent living movement.

### ***Consumer Control at the Staffing Level***

Consumer control at the staffing level means ensuring that the management and staff positions are held by people with disabilities. These employment opportunities ensure significant influence by people with disabilities in administrative decision-making, service design and delivery, and community advocacy activities.

At the staffing level, consumer control can be viewed as a chain of management events and decisions. The executive director, who is a critical link in the chain, serves as the interface between the policy-making function at the Board level and the implementation of policy at the staff level. The director is responsible for maintaining consistency between policy and practices and fulfilling the mission through achieving operational goals. As chief executive officer, the director is responsible for planning, staffing, resource development and allocation, and monitoring service quality. Thus, the executive director's perspective on consumer control is a critical variable in translating principles into appropriate and effective center practices.

Service delivery and support staff also constitute important links in the staffing chain. Adhering to the principles of consumer control assumes that ILC staff reflect disability representation and have opportunities for substantive participation and input. Staff with disabilities who are grounded in the philosophy of the movement, able to operationalize its values, and share in the experience of disability with consumers are critical to enacting principles of consumer control. By hiring people with disabilities, centers demonstrate an understanding of the need for consumer trust and acceptance and the importance of staff credibility. A unique and critically valuable feature of independent living center staffing is an emphasis on hiring persons with disabilities to provide consumer-defined services to their peers. Independent living centers committed to consumer controlled service delivery have staffing plans that build upon shared life experiences as a means of enhancing communication about life options.

It is also important to recruit and hire people with disabilities in support staff and clerical positions. This demonstrates the center's commitment to consumer representation. Finally, another means of broadening consumer control within a center is to recruit and involve people with disabilities in volunteer positions. Volunteers can perform countless functions within an ILC. By promoting people with disabilities in these capacities, the ILC can be strengthened and the individuals volunteering can increase their skills and confidence.

### ***Consumer Control over Services***

While there is rich diversity in ILC service delivery methods across the country, the overriding commonality and central characteristic of the independent living service delivery model is consumer control over the design and direction of services. Consumer control over services means it is the consumer who has primary responsibility for identifying needs, setting goals, developing plans and strategies, and achieving independent living objectives. Consumers in this model are active participants in the service process rather than passive recipients, as in the traditional medical or rehabilitation model of service delivery. Staff functions as resource identifiers, support providers, facilitators, and peer tutors.

The language commonly used in ILCs is itself consistent with this general theme: “consumer” of services, rather than “client,” is the term of choice because it assumes an active role based on equality and mutuality of experience and a participatory process.

Peer relationships are one of the key features of services organized around the principle of consumer control. In peer relationships, the two parties meet as equals. They share a common life experience with disability and have faced many of the same issues and barriers in their pursuit of independence. Services delivered by peers provide an effective avenue for dealing with a variety of issues within the context of a service relationship based on an understanding of common life experiences and barriers to independence.

Consumer control over services is, to borrow a phrase from the private sector, “a market driven economy” in which the consumer has primacy in the process.

### ***Consumer Control over The Advocacy Agenda***

Advocacy is an essential element in an ILC's programmatic design. Indeed, advocacy has been seen by many leaders in the field as the “cornerstone” of the movement in that its efforts and activities are designed to amplify the individual consumer's voice in order to change the political, social, and economic environment that prevents achieving independence and maximum quality of life. Operationalizing the principle of consumer control in advocacy requires that all key players—Board, staff, and consumers—are provided with opportunities to share perspectives, knowledge, and information about needed changes in the environment and participate in activities designed to affect the desired changes. Community advocacy activities involve knowledge of the external environment, a commitment to providing opportunities to participate in the development of the advocacy agenda, and the experience and skills necessary to achieve the desired results. Through individual and collective

advocacy efforts, people with disabilities acquire skills, abilities, and a greater understanding of how to affect the world in which they live. The involvement and control of people with disabilities in an independent living center's advocacy efforts is fundamental to the independent living mission of creating change and empowering people with disabilities to expand individual and community options and enhance the quality of their lives.

## *Summary*

Consumer control in ILCs means having a governing body comprised of at least 51 percent of its membership with people with disabilities. It means having people with disabilities in key management roles. It means having direct service staff with disabilities who work with consumers to define their own needs, on their own terms, and with their own solutions. It means having people with disabilities in support and clerical staff positions. It means involving volunteers with disabilities in the center's daily operations. It means that stakeholders in the process—people with disabilities—play significant roles in deciding the issues and methods for advocacy efforts.

The principle of consumer control recognizes that people with disabilities should control their own destiny. It ensures their full control over the direction, composition, and operation of the organization that serves them. The principle of consumer control is translated into organizational policies by the Board of directors and operationalized into practice by the management and staff of the center. This translation of consumer control principles into consistent, effective organizational practices results in the exercise of power by consumers over the center and its services, and contributes to its influence in the community it serves.

The practical applications of the consumer control principle must be flexible if services and advocacy efforts are to represent and respond to the varying interests and diversity among consumers in the communities served by the ILC. Across the country, ILCs reflect wide diversity in practice while adhering to the principle of consumer controls.

## Developing the Independent Living Service Model—Essential Features<sup>6</sup>

The essence of the independent living movement and its core values became the foundation for a consumer-oriented service model that emphasized individual choice, personal control, and the need for self-determination. In commenting upon the evolution of this model, DeJong (1983) stated, “The dignity of risk is the heart of the independent living movement. Without the possibility of failure, the disabled person lacks true independence and the ultimate mark of humanity, the right to choose.” As leaders in the movement translated philosophical principles into actual service programs and community advocacy efforts, they recognized that there would be a rich and necessary diversity in service approaches across centers. However, it was also clear that as ILCs evolved, certain key elements were essential to designing and maintaining effective community-based independent living services. These included:

Consumer control over policy and management decisions. Persons with disabilities would control decisions governing organizational policies and procedures, the provision of services, and community activities. In this sense, the term “consumer” is defined broadly to mean persons with disabilities who may be direct recipients of services as well as those who are not but who are secondary beneficiaries of advocacy efforts. Consumer control in decision-making is intended to ensure that policies, procedures, services, and activities are responsive to the needs and respectful of the rights of the disability population.

Consumer control over service objectives and methods. This aspect of independent living services places primary responsibility for identifying service needs, setting independent living goals and objectives and making decisions about service participation with the consumer who is receiving services. This means that the service provider role shifts from that of controlling and providing the services to one that consciously seeks to promote the independence and self-sufficiency of the consumer within the context of service participation selected by the consumer.

Cross-disability emphasis. Independent living emphasizes responsiveness to the needs of all persons with disabilities. At the national level, this separates the independent living program from programs that emphasize services to a particular disability group.

Community based and community responsive. ILCs are designed to be responsive and accessible to the disability community in their service locale, and to involve the community significantly in setting program priorities.

Peer role modeling. The emphasis on peer role modeling in independent living reflects a belief that people with disabilities can greatly benefit from the perspectives and support of others with disabilities who have successfully struggled to lead productive and meaningful lives in their communities. Peers serve as strong role models and facilitators to consumers in their efforts to achieve a designed level of independence.

Provision of a range of services. Because independent living is responsive to the varied dimensions of knowledge, skills, options, and support associated with achieving personal independence, a range of services is provided. These include such core services as information and referral, skills training, advocacy, and peer counseling as well as others, such as attendant care services, housing services, transportation services, educational services, vocational services, equipment services, communication services, legal services, and social/recreational services.

A community advocacy thrust. Independent living recognizes that in order for consumers to achieve independent lifestyles, environmental and social barriers in the community must be eliminated. There is thus a dual commitment to both individual services and community advocacy—activities conducted to enhance

---

<sup>6</sup> This article is excerpted and reprinted with permission from Lachat, M.A., The Independent Living Service Model, Center for Resource Management, Inc., South Hampton, NH, 1988, p.11-13.

opportunities for people with disabilities to have equal access to all aspects of community life and to achieve meaningful integration into society.

Open and ongoing access to services. Independent living is not a closure-oriented program. Services are open and available to consumers on an ongoing basis, reflecting consumers' evolving and continuing needs and interests.

These key features of the independent living service model underscore the importance of constituency control, the power of peer support, and the fact that independent living centers were established to meet the needs of specific disability populations that had been underserved and segregated by traditional rehabilitation services. Also, the independent living service model has been characterized by the dual thrusts of individualized support services to promote self-determination and community advocacy to promote integration in the social and economic mainstream.



## EMPLOYEE HANDBOOK





CONTENTS

OUR PURPOSE.....148

OUR VALUES .....149

OUR CODE OF ETHICS.....150

OPEN DOOR POLICY .....150

EMPLOYMENT AT BRIDGES.....151

EQUAL EMPLOYMENT OPPORTUNITY .....152

HARASSMENT IS PROHIBITED .....152

EFFECTIVE ACCOMMODATIONS.....152

PERSONAL APPEARANCE .....

WORKPLACE HEALTH & SAFETY .....153

AGENCY

SCHEDULE.....9

PAY & BENEFITS.....9-10

WORK SCHEDULE & TIME OFF.....156

SHORT-TERM DISABILITY .....160

BEREAVEMENT LEAVE.....161

FAMILY AND MEDICAL LEAVE (FMLA).....161

PAID FAMILY LEAVE .....162

WORKERS' COMPENSATION.....162

JURY DUTY.....163

MILITARY LEAVE RECRUITING & HIRING (USERRA/VEVRAA) .....17

PERFORMANCE & SUPERVISION.....163

PROGRESSIVE PERFORMANCE IMPROVEMENT .....164

CONFLICTS OF INTEREST & ETHICAL BUSINESS PRACTICES.....164

PRIVACY & CONFIDENTIALITY.....165

AGENCY PROPERTY & EQUIPMENT .....165

INTERNET, SOCIAL MEDIA & MEDIA .....166

SEPARATION OR TERMINATION OF  
EMPLOYMENT.....20

ACKNOWLEDGEMENT .....168



## OUR PURPOSE

### Mission Statement

The mission of BRIDGES is to provide advocacy & leadership toward an accessible, integrated community, promoting health and autonomy for people with disabilities.



*Welcome* to BRIDGES and to the Independent Living Movement! Founded in 1987, BRIDGES is a community-based, peer-driven, cross-disability, not-for-profit organization dedicated to improving accessibility, advocating for and enhancing quality of life for people with disabilities. As Rockland's resource, service and advocacy center, we believe that independence is not just about how a person can live on their own with supports in place, but how a person can thrive and contribute to life and their community.

The Independent Living Movement has a very rich history, dating back to the early 1970's and built upon the times of social action by people with disabilities who made it their mission to raise awareness around the need to respect and value the dignity of each individual regardless of their disability. Since the enactment of the Rehabilitation Act of 1973, which prohibited discrimination against individuals with disabilities, the Independent Living Movement has actively pursued legal protections that guarantee equality as well as equitable access and opportunity for people in all areas of life.

Independent Living Centers across the country are proud movers and shakers and are in part responsible for the signing and enactment of the Americans with Disabilities Act (ADA). Advocates at Independent Living Centers push for reforms in policies and legislation that improve access and equality, thereby improving life for people who might experience barriers. The Independent Living



Philosophy understands that disability is a natural part of the human experience and that communities have a responsibility to ensure everyone has access to everyday life opportunities. Independent Living Centers, like BRIDGES, remove barriers and advance autonomy!



Today, the Independent Living Movement continues its momentum, empowered to make changes that remove systemic barriers, both social and physical. BRIDGES is one of 44 Independent Living Centers (ILC) operating in New York State under grant funds through the New York State Education Department (NYSED). Each ILC adheres to a national philosophy of Independent Living that seeks to empower individuals with disabilities to be as independent as they can in the communities in which they live.

## OUR VALUES

The values of Synergy, Dignity & Worth, Acceptance, Empowerment and Leadership are the behaviors, patterns and model we strive to achieve on a daily basis. These values ensure that the mission and vision of BRIDGES carries forward the Independent Living Philosophy.

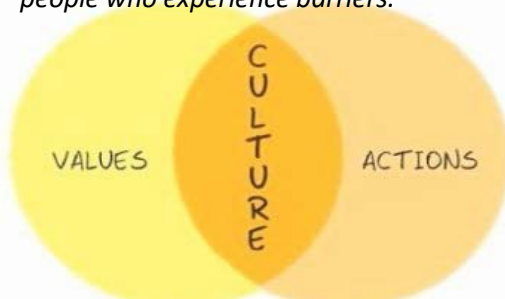
**Synergy**...because working together is better than trying to do it on our own.

**Dignity & Worth**...we respect and value every person because we are all human.

**Acceptance**...we embrace differences and diversity in one another.

**Empowerment**...we encourage self-determination, autonomy and inter-dependence.

**Leadership**...we are change agents that improve access and enhance quality of life for people who experience barriers.



“When the things you say and the things you do are in alignment with what you actually believe, a thriving culture emerges.”

- SIMON SINEK

ndbook



## CODE OF ETHICS

Commitment to integrity, honest communication, corporate compliance and avoiding conflicts of interest are a must. BRIDGES fosters mutual harmony and respect in the workplace. The key to a thriving and productive work culture is our ability to live out our values through the following practical principles:

**The Fundamentals...**Are you in sync with the organization’s mission, purpose and vision for the community? Are you fulfilling this within your work responsibilities and the duties of an Independent Living Center?

**Communication...**Are you in constant and productive communication with peers and supervisors on a daily basis? Are you using candor with care that is timely and fair? Are you steering away from communication that is unproductive and destructive to the organization? Is your communication trustworthy?

**Accountability...**Are you keeping track of those things for which you are responsible and are you being made aware of the things you need to accomplish? Accountability is a team effort. Are you open to receiving accountability constructively and speaking up when you don’t have the tools to succeed?

**Doing the right thing even when no one is looking...**This is the very definition of Integrity and is the foundation for developing trust in the workplace.

Employee conduct that conflicts with the Code of Ethics may be subject to immediate disciplinary action. Disciplinary action is intended to correct employee conduct immediately in order to maintain the expected positive, efficient working environment. In some situations, egregious behavior may warrant immediate termination of employment.

## OPEN DOOR POLICY

Consistent with our values and code of ethics, BRIDGES is an “open door” organization. Employees should feel confident to communicate with Agency leadership about work-related matters and circumstances. When and if an employee has any concern, the employee is encouraged to bring



those concerns to the attention of the leadership team, including their supervisor, so the concern is addressed. No employees should ever feel fear of retaliation.

## EMPLOYMENT AT BRIDGES

**90 DAY REVIEW PERIOD:** The first 90 days of employment are considered a “90 Day Review Period.” This time frame is used to determine whether the employment relationship is the right fit. The Review Period includes training on BRIDGES, its policies and procedures, and orientation about Independent Living. After 90 days, a review is completed, offering feedback to the employee about their performance to-date. This review offers feedback on whether the employment relationship should continue or whether the Review Period should be extended. This review is critical not only for the employee, but for the supervisor. BRIDGES leadership will review whether the supervisory relationship is adequate and productive for the employee.

**EXEMPT AND NON EXEMPT EMPLOYEES:** Understanding the definitions of employment classifications is important to understanding benefit eligibility and other employment matters. Employees are designated, by law, as either “Exempt” or “Non-Exempt” from Federal and State regulations governing overtime pay. When employees are hired (and any time there is a change in their status), employees receive a written notice of employment status, including method of payment, rate of pay, and, if applicable, overtime pay rate and other information required by the Wage Theft Prevention Act.

“Exempt employees” are employees who have job duties and responsibilities that are identified as exempt from the overtime wage provisions of the Federal and State Wage and Hour Laws. Exempt employees are generally not eligible for overtime pay. They are paid on a salaried basis or otherwise in accordance with applicable law. Typically, these are individuals in leadership or specialized positions as categorized by Federal and State law.

“Non-Exempt employees” are those whose position and job duties require that they receive overtime pay for any additional hours worked beyond 40 hours, in accordance with applicable Federal and State wage and hour laws. Their compensation is generally calculated on an hourly basis, although it may also be paid as a salary. Overtime work must be approved by a supervisor in advance.

**AT-WILL EMPLOYMENT:** In New York State, employment is considered At-Will. This means that anyone, employer or employee, can terminate the employment relationship at any point in time for any reason, or for no reason at all.





## EQUAL EMPLOYMENT OPPORTUNITY

BRIDGES has been and continues to hire people based upon personal skills and qualifications. BRIDGES does not discriminate because of a person's race, color, religion, age, creed, sex, national origin, citizenship status, mental or physical disability, gender, pregnancy, marital status, familial status, sexual orientation, military status, status as a survivor of domestic violence, genetic information, or any other protected characteristic as established by applicable federal, state or local law; as well as prior arrest or conviction record as permitted. BRIDGES promotes a diverse environment.

## HARASSMENT IS PROHIBITED

BRIDGES is committed to a safe and professional work environment that is free of fear, intimidation and threats so that every employee is able to feel safe and productive in the workplace. To this end, acts or threats of violence, either verbal or physical, as well as acts of explicit or inexplicit sexual advances that are unwanted or inappropriate in the workplace will not be tolerated. Any employee who participates in any form of harassment will face consequences up to and including termination of employment.

Any employee who believes they are subject to discrimination or harassment as prohibited by this policy, or feels they have been retaliated against for reporting such conduct or participating in an internal investigation regarding such conduct, should immediately advise, verbally or in writing, their Supervisor, Human Resources, or any member of the administrative team.

## EFFECTIVE ACCOMMODATIONS

Reasonable Accommodations in the workplace, under the ADA, are essential to employees who need tools or accommodations to assist in achieving the basic functions of their job to ensure optimal productivity. While the law is clear, employers are not subject to undue hardship. BRIDGES is committed to the success of every employee and is dedicated to effectively accommodating employees in need of tools or other accommodations that will assist them to succeed provided that accommodation does not interfere with the Agency's ability to operate its programs and services effectively.

In seeking an accommodation, consider these points:

- **Timing:** as an organization committed to the advancement of independence for people with disabilities, informing your Supervisor in a timely manner is essential.
- **Be Specific:** Details of your disability don't always need to be disclosed. Let us know what



you need to perform the essential functions of your job.

- How: Tell us how your accommodation request will make your job more accessible and achievable.

Anyone making a request must go through the proper channels of communication and may be required to submit back-up documentation from their physician in order to properly review the request. A request should initially be made to your Supervisor, using the “Reasonable Accommodation” Form available from HR. Your Supervisor will pass the request to HR for proper documentation and follow up. If appropriate, accommodations may be reviewed periodically to determine whether the need for the accommodation is still appropriate.

## DRESS CODE

The general standard is business casual.

## WORKPLACE HEALTH & SAFETY

The Agency makes every effort to comply with federal, state and local occupational health and safety laws, including those of the federal Occupational Safety and Health Administration (OSHA), by providing a safe and secure work environment. Employees must exercise good judgment to prevent workplace injuries to themselves or others, and report and notify the Agency of any possible unsafe conditions. Employees may always report any perceived safety hazard without fear of retaliation.

SECURITY: Employees are required to use only their own assigned computer login names, access codes, or passwords. Keys, key cards or access codes used to access Agency property may not be copied or shared with others. The loss of any means of access must be reported immediately to the employee’s direct supervisor.

All visitors should enter at the main entrance. Authorized visitors should be escorted to their destination. Employees are responsible for monitoring their visitors’ conduct and safety. If an unauthorized individual is observed on Agency premises, employees should immediately notify their direct supervisor and or any member of the administrative team.

INCIDENT REPORT:



It is BRIDGES' policy to report any minor or serious incidents/problems that sometimes occur in the workplace. Please see your Supervisor and/or Human Resources for questions or guidance on these matters.

#### DRUG-FREE WORKPLACE:

It is our policy to maintain a workplace free of drugs, alcohol and any other controlled substances. BRIDGES does not condone, nor permit, any employee to be on Agency property, in an Agency vehicle, representing the Agency at an event or function while or under the influence of any illegal drugs, alcohol or controlled substance. Any employee in violation of this policy will be subject to a disciplinary process, up to and including termination of employment.

#### SAFE & CLEAN WORKPLACE:

Employees are advised of their BRIDGES is fully committed to the health and safety of its employees and visitors. Safeguards include preparedness response plans and policies to minimize risk of exposure to disease or viral pandemics. BRIDGES also promotes personal hygiene and provides employees with updated guidance and resources.

## AGENCY SCHEDULE

Employees are advised of their expected work schedules upon hire. There may be occasions where an employee may be asked to work on an evening or weekend beyond their scheduled hours to represent or participate in a BRIDGES related function, especially if their role requires participation in such activity (i.e. Special Events, Workshops or Outreach). Employees should be aware that the hours of operation may change as the needs of the business and the people we serve develop and grow.

## PAY & BENEFITS

For all employment related matters including in the area of pay and benefits, it is important that employees report any changes, as soon as possible, whenever there is a change in one or more of the following:

- Mailing address or Telephone number (home or cell)
- Person to notify in case of emergency and their contact information
- Legal name, through marriage, or otherwise; change in marital status
- Number of dependents
- Insurance beneficiaries





- Military status
- Citizenship/Permanency status
- Banking information for payroll/direct deposit purposes

**PAYROLL:** For payroll purposes, the workweek runs from Sunday at 12:00 AM to Saturday at 11:59 PM. Employees are paid on a bi-weekly basis every other Friday. In the event that a regularly scheduled payday falls on an Agency holiday, employees generally will be paid on the last business day prior to the regularly scheduled payday.

Direct deposit is available for employees. Employees that do not elect direct deposit will receive their pay by check. All employees (exempt or non-exempt) are required to record their time on a timesheet or any tool designated by BRIDGES leadership, that the supervisor will approve and sign.

Overtime compensation is paid to non-exempt employees at a rate of one and one-half (1 ½) times the employee's regular rate for actual hours worked in excess of forty (40) hours in a given workweek or as otherwise required by applicable state law (does not include lunch hours). Overtime hours worked must be approved by a Supervisor or director prior to the hours being worked.

**BENEFITS (Not-Comprehensive):** The following description is intended only as a general overview of available benefits and is not a substitute for a summary plan description or other plan documents. Employees must work at least 30 hours a week to qualify for health and dental coverage. All employees may elect to contribute to a 403B Retirement Plan or Aflac or both.

The Agency provides Group Health Insurance coverage for eligible employees and their eligible dependents. Employees are required to pay a portion of their monthly health insurance premium, and the Agency pays the balance of the premium. Employee premium payments and percentages are subject to change at the Agency's discretion. Employees who are eligible for insurance coverage are able to elect coverage on the 1<sup>st</sup> of the month following 60 days of employment and during open enrollment periods.

Please contact Human Resources with questions regarding eligibility or to obtain additional information on the various benefits available including Health Insurance Coverage (which may include vision), Dental Coverage, 403B Retirement Plan, and Aflac. At the agency's sole discretion, BRIDGES may provide a discretionary matching contribution to employees enrolled in the 403B plan of up to 3%.

**EXPENSE REIMBURSEMENT:** The Agency reimburses employees for all reasonable expenses incurred in the course of conducting the Agency's business, including mileage reimbursement. Expenses must be approved ahead of time and submitted for reimbursement within one month of incurring the expense (within 30 days). All Expense Reimbursement Requests must be accompanied by a receipt and a printed map depicting travel "to and from," and must include information regarding the business nature of the expense. Reimbursement for mileage is offered only from BRIDGES to the approved destination (or pro-rated).




Documentation of pre-approved expenses must be included with your expense reimbursement request; this may be an email from your supervisor demonstrating authorization. BRIDGES generally follows the US GSA standards on an average basis as it relates to meal reimbursement. Any reimbursement that is submitted above reasonable expectations for the business or program will be reimbursed up to a certain amount at the Agency's discretion. Requests must be consistent with program or grant budgeted expenses. Requests outside of this scope will not be reimbursed. If traveling, and when possible, staff with prior approval are asked to use an Agency vehicle for Agency business. Travel should normally start from the Agency; however, if travel begins from an employee's home, the employee will be reimbursed for miles minus the expected miles he or she normally travels to work.

Please note that the Agency is a 501 (c) iii tax-exempt organization. Accordingly, employees ought to obtain and use the tax-exempt form when making purchases. Taxes paid will not be reimbursed by the Agency. The Agency provides tax-exempt certification for use when employees are purchasing items for business use.

## ***Life Insurance***

BRIDGES provides Term Life and Accidental Death & Dismemberment (AD&D) for full time employees. In addition, employees may purchase additional Life Insurance for themselves, spouse/domestic partner and children.

## ***EMPLOYEE ASSISTANCE PROGRAM***

BRIDGES offers EAP through VCS. As part of our partnership, VCS  provides three counseling sessions free of charge for BRIDGES staff. For further information, please see Human Resources.

## ***EDUCATION ASSISTANCE***

BRIDGES provides tuition reimbursement in the amount of \$1,000 per calendar year. To learn about eligibility, please contact Human Resources.

## **WORK SCHEDULE & TIME OFF**

Unscheduled absences or disruptions in your schedule and lateness should be avoided whenever possible. If for any reason an employee is unable to be present or on time, the employee is responsible for informing their immediate supervisor before their expected arrival time.

If the immediate supervisor is unavailable, the employee is responsible for contacting the next person available within their leadership team. Providing notice does not necessarily excuse an unscheduled absence, lateness or early departure and may be reflected in the annual review. An



employee who is absent for three (3) consecutive work days without prior permission and without contact as required, will be presumed to have voluntarily separated from their employment as of the last day worked or as designated by the Agency.

**LUNCH BREAKS:** Lunch breaks are taken by employees who work at least six (6) hours a day, The NYS DOL requires employees take, at minimum, a 30 minute break when they work 6 hours or more. Employees scheduled to work at least 6 hours but fewer than 8 hours per day are permitted to take a half-hour non-working paid meal break each work day. Employees who are scheduled for 8 hours a day are permitted to take a one hour non-working paid meal break. You may be asked by your Supervisor to take a particular meal break slot in order to ensure smooth operations within respective programs. Please speak with your Supervisor to inquire whether meal break slots apply to you. Lunch hours are not permitted to be substituted for late entry or early dismissal.



**SEVERE WEATHER & EMERGENCIES:** In cases of extreme weather, power outages and other natural circumstances, BRIDGES may temporarily close the office. Employees will be notified and paid. If the Agency is open, employees may elect to use a vacation or personal day to be paid for the day.

All employees are required to provide their cell phone number for inclusion in the Agency’s “call-em-all” application, which is used to notify employees of any closings/delays.

In the case of emergencies occurring within the agency, where attention is needed from emergency responders (police, ambulance, fire fighters), any employee involved should notify their immediate Supervisor or a Director who will immediately call 911. If a Supervisor or Director is not readily available, the employee is asked to call 911 and then call a Supervisor to report the incident.

**COMPANY HOLIDAYS:** BRIDGES recognizes the following paid holidays\*:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| New Year’s Day                    | Labor Day                           |
| Martin Luther King Jr.’s Birthday | Columbus Day/Indigenous Peoples Day |
| President’s Day                   | Veterans Day                        |
| Memorial Day                      | Thanksgiving                        |
| Juneteenth                        | Day After Thanksgiving              |
| Independence Day                  | Christmas Day                       |

\*BRIDGES may change this list of paid holidays at its discretion. An employee who is on a scheduled unpaid leave of absence will not receive holiday pay for holidays that occur during that scheduled time. If a holiday falls during an employee’s planned vacation, that day will be counted and paid as a holiday and not a vacation day.



A recognized holiday that falls on a Saturday will generally be observed the preceding Friday. A recognized holiday that falls on a Sunday will generally be observed on the following Monday. Holiday pay applies only to full-time employees (working 40 hours per week).

**PAID TIME OFF:** Employees are encouraged to take a break. BRIDGES provides PTO for use in the following categories: Vacation, Personal, Sick and Wellness. Employees are responsible for keeping track of their PTO accrual to ensure they have enough time for any time off needs. Supervisors receive a copy of PTO balances each pay period and will review, if needed, the balance with employees during their supervision time.

Full-time employees who work 40 hours per week are eligible to accrue Paid-Time-Off (PTO). PTO begins to accrue on the date of an employee’s first day of work; however, employees must complete three (3) months of satisfactory employment (90 Day Review Period) prior to using any PTO balances. PTO (except for Personal Time) may not be used if the 90 Day Period is extended. Part-timers will accrue sick pay and bank two (2) Wellness Days consistent with their hours of work. Temporary employees are not eligible for PTO benefits.

PTO is separated by Vacation, Personal, Sick and Wellness time: Accruing time is contingent on an employee’s position and length of years in service. All accruals are based on the employee’s date of hire for the position. For eligible employees, the following policy applies:

Length of Service	Full/Part Time	Days Accrued Per Year	PTO Type
First – Three years	Full Time	10 days	Vacation
Completion of 4 Years	Full Time	15 days	Vacation
N/A	Full Time	3 days (Banked)	Personal
N/A	Full/Part Time	1 Hr. for every 30 Hrs. worked; up to 56 hours per year	Sick
N/A	Full/Part Time	2 days (Banked)	Wellness

**VACATION:**

If a paid holiday falls during an employee’s scheduled vacation, it will be counted and paid as a holiday, and will not be deducted from the employee’s vacation balance.

Employee time-off needs are to be staggered to ensure sufficient coverage. Requests must be submitted at least 2 weeks prior to the requested time, to the employee’s immediate supervisor via a Time-Off Request form. The Agency may deny requests based on the Agency’s needs including and not limited to: conflicts with requests by multiple employees or requests that are for more than 2 weeks at a time.



Employees are encouraged to use their time before the end of the calendar year. Vacation can be taken in half (1/2) or full day increments. Employees may carry no more than 5 days or no more than half of their annual vacation accrual into the new calendar year. For example, if you accrue and end the year with a balance of 10 vacation days, you will only be permitted to carry 5 days over to the New Year. Vacation time in excess of the 5 days or half the annual accrual rate is forfeited if not used by the end of the calendar year. Requests may be made to the Supervisor for review; however, exceptions to this policy are at the sole discretion of the Executive Director. Once an employee has given notice to resign employment, the employee is no longer entitled to take any PTO. No further PTO time accrues during the notice period. Upon termination of employment, employees will be paid for accrued unused Vacation. Personal and Sick time are not paid out at the end of employment. When an employee resigns or is terminated from employment, vacation time will be paid out in accordance with the following conditions:

- The employee is eligible for Vacation.
- The termination of employment is without cause.
- The employee gave sufficient notice: at least two (2) weeks for all employees
- All BRIDGES property has been returned.
- Employee used no PTO during the notice period.

#### PERSONAL:

Full-time employees who work 40 hours or more per week are entitled to three (3) Paid Personal days per calendar year. Personal time does not accrue; it is available for use 90 days after the date of hire. Employees receive 3 banked Personal days upon hire if employment begins within the time period of January- June. If the employee is hired in the third quarter (July, August or September) they will receive 16 hours of personal time. If the employee is hired in the 4<sup>th</sup> quarter (October, November or December) they will receive 8 hours of personal time. These hours cannot be used consecutively or in combination with other paid leave, i.e. Vacation, Sick or Holiday. Personal time may be used in hourly increments. Unused personal days may not be carried over to the next year and are forfeited. Once an employee has given notice to resign employment, the employee is no longer entitled to take any paid personal days. Unused paid personal days are not paid out at the end of employment.

#### SICK:

Part-time and full-time employees will accrue sick time at a rate of 1 hour for every 30 hours worked. Sick days may be used in hourly increments. Unused sick time is not paid at the end of employment. Unused sick time may be carried over each calendar year (a max of 56 hours can be carried over). Employees will accrue no more than 21 days (168 hours) total.



For employees who do not use any sick time in a calendar year, BRIDGES will convert one (1) sick day into a vacation day at the end of the calendar year for the new year (does not apply to employees leaving/resigning their employment). For example, if you accrued 7 days of sick time in your first year, you may convert one day of the 7 into a vacation day for the new year; you will have a balance of six (6) days of sick time that will carry over into the new year.

Sick days are to be used for: Employee's mental or physical illness or injury or diagnosis, care, treatment, or preventive care for employee's mental or physical illness or injury; covered family member's mental or physical illness or injury or diagnosis, care, treatment, or preventive care for a covered family member's mental or physical illness or injury; absences related to employee's status as a victim of domestic violence, family offense, sexual offense, stalking or human trafficking; or absences related to a covered family member's status as a victim of domestic violence, family offense, sexual offense, stalking or human trafficking.

The term "family member" is broadly defined under the NYSSL to include an employee's child (biological, adopted or foster child; a legal ward; or a child of an employee standing in loco parentis), spouse, domestic partner, parent (biological, foster, step or adoptive parent; legal guardian; or person who stood in loco parentis when the employee was a minor child), sibling, grandchild, or grandparent, and the child or parent of an employee's spouse or domestic partner.

#### WELLNESS:

BRIDGES provides each employee with two (2) "Wellness Days" a year, separate from vacation, personal and sick time. A Wellness Day can be used when needed and with at least one day's notice, to take a break, regroup and recharge. A Wellness Day is a courtesy to employees and is not an accrued benefit. Employees are eligible for a Wellness Day after 90 days of employment.

A Wellness Day is available to full-time and part-time employees who work at least 20 hours or more per week. Each employee will be provided with **2 Wellness Days** consistent with their regularly scheduled hours; they cannot be used consecutively or in conjunction with other paid leave, i.e. Vacation, Personal, Sick or Holiday. A Wellness Day is used as a full or complete day.

Once an employee has given notice to resign employment, the employee is no longer entitled to take a Wellness Day. Wellness Days are not paid out at the end of employment and do not carry over year to year.

## SHORT-TERM DISABILITY

Under New York State Law, BRIDGES provides this off-the-job illness or injury benefit, and pays the full cost of the coverage, to all employees. In the event of a disability you will begin receiving income replacement after you have exhausted your sick leave accruals. After a seven-calendar-day waiting period or the exhaustion of your sick leave accruals (whichever is greater), you receive 50



percent of your average salary for the eight weeks prior to disability, up to the maximum benefit established under the New York State Disability Benefits Law, currently \$170 per week. You can receive benefits up to a maximum of 26 weeks.

If your disability absence will exceed seven calendar days, see Human Resource to get the documents and information necessary to obtain disability income.

You and your physician should complete a New York State Disability Claim Form (DB-450) and file it with Human Resources.

The provision of short-term disability benefits does not guarantee that the employee will receive any specific amount of leave time from work. Entitlement to insurance benefits under this policy, and entitlement to leave are considered separate requests.

## BEREAVEMENT LEAVE

Employees who experience the death of a loved one are provided with Bereavement Leave of up to three (3) days. Employees working less than 40 hours, will have paid bereavement leave based on their individual schedules/hours worked. Please speak to your supervisor if you need to make a request for bereavement leave.

## FAMILY AND MEDICAL LEAVE (FMLA)

There are certain situations when employees may be eligible to take unpaid job-protected leave under the Family and Medical Leave Act. This unpaid job-protected leave may be taken for certain family-related or personal medical reasons, as discussed below. FMLA leave runs concurrently with any other similar leave to which the employee may be entitled based on the same reason. When you return from a qualifying FMLA leave, you are entitled to be reinstated to your old job, or to an equivalent position.

WHO IS ELIGIBLE? An employee is eligible for leave under the FMLA if:

- The employee has been employed at the Agency for at least 12 months prior to the date leave starts; AND
- The employee has worked 1,250 hours during the 12 month period preceding the first day of leave; AND
- The employee is employed at a worksite where 50 or more employees are employed by





the employer within 75 miles of that worksite when the employee gives notice of the need for leave.

Employees who do not meet these legal eligibility requirements may be granted unpaid leave at the sole discretion of the Agency, and should discuss any request for leave with Human Resources.

## PAID FAMILY LEAVE

Employees with a regular work schedule of 20 or more hours per week are eligible after 26 weeks of employment. Part time employees are eligible after working 175 days. Please speak to Human Resources or visit ([NY.GOV/PAIDFAMILYLEAVE](http://NY.GOV/PAIDFAMILYLEAVE)) for up to date information.

Leave can be taken for:

- Bonding with a newly born, adopted, or fostered child
- Caring for a family member with a serious health condition
- Assisting loved ones when a family member is deployed abroad on active military duty.

As of 2022, 12 weeks of paid leave for NY State is offered at 67% of the employee's average weekly wages. Leave can be taken either all at once or intermittently, but must be taken in full-day increments.

**TAKING PAID FAMILY LEAVE:** Notify your Supervisor. Employee must notify their Supervisor at least 30 days before leave will start). Obtain required forms; complete and submit them. Visit [PaidFamilyLeave.ny.gov](http://PaidFamilyLeave.ny.gov) to obtain the required forms. Fill out the Request for Paid Family Leave (Form PFL-1) following the instructions on the cover sheet, and submit it to Human Resources.

HR will fill out the Agency section of the form and return it to you within 3 business days. Obtain and attach supporting documentation. The specific documentation or additional forms required for each type of leave are described on the request for Paid Family Leave and at [PaidFamilyLeave.ny.gov/Apply](http://PaidFamilyLeave.ny.gov/Apply)

## WORKERS' COMPENSATION

If an employee is injured while at work, that person may be eligible to receive benefits under the Agency's Workers' Compensation policy. These benefits apply only to job-related illnesses or injuries. Benefits normally include the cost of medical attention as well as a certain percentage of the employee's weekly income for a specified number of weeks, as determined by the Workers' Compensation Board.





Employees who sustain work-related injuries or illnesses should immediately inform their direct Supervisor. No matter how minor an on-the-job injury or illness may appear, it is important that it be reported immediately so that the Agency can provide the employee with the proper medical attention and ensure that any Workers' Compensation claim is filed promptly.

## JURY DUTY

Employees must provide a copy of the jury duty summons to their Supervisor and Human Resources as soon as possible so that arrangements can be made to accommodate their absence. Employees are expected to report for work whenever the court schedule permits. If the jury does not convene on the employee's regularly scheduled workday, the employee is expected to report to work. If excused or dismissed from jury service before the end of the workday, employees are expected to contact their immediate Supervisor to determine whether it is necessary to report to the office. Once jury duty has been served, a copy of the court's dismissal should be submitted to Human Resources for Agency files. The employee will be paid their normal pay rate by BRIDGES and should not accept compensation from the court.

## MILITARY LEAVE, RECRUITING & HIRING (USERRA/VEVRAA)

The Agency complies with all state and federal laws regarding leave of absence for military service, including the Uniformed Services Employment and Re-employment Rights Act. Advance notice of military service is required, unless military necessity prevents such notice. Employees in need of this time off may use any applicable PTO time during this absence. If applicable, continuation of health insurance benefits is available as required by the USERRA, based on the length of leave and subject to the terms, conditions and limitation of the health plan in which you are enrolled. Benefits, such as accrual of PTO, will be suspended during this leave and will resume upon return to active employment. The Agency also complies with state and federal laws regarding recruiting and hiring qualified disabled Veterans.

## PERFORMANCE & SUPERVISION

Performance reviews allow Supervisors to address each employee's overall performance and summarize both formal and informal performance discussions held throughout the review period.



There is a 90 Day Review period and an annual review within the second quarter of the calendar year.

The provision of a performance evaluation, even if satisfactory, does not guarantee an increase in wages or provision of a bonus.

## PROGRESSIVE PERFORMANCE IMPROVEMENT

If an employee is not meeting the expected standards of their position, they may be asked to commit to a Progressive Performance Improvement plan. This plan is intended to help support the employee to succeed. These conversations may take place with the Supervisor and HR or a member of the leadership team.

## CONFLICTS OF INTEREST & ETHICAL BUSINESS PRACTICES

Employees are expected to act in the best interest of the Agency and to safeguard the Agency's reputation from any conflict of interest or even the appearance of a conflict. A potential conflict of interest arises when an employee's outside interests interfere with the employee's ability to objectively perform their job duties. In general, employees should avoid outside interests that may conflict with the Agency's interest or be harmful or embarrassing to the Agency in any way or jeopardize the Agency's reputation.

If an employee or a member of an employee's family has a financial or other business interest in a customer, vendor or competitor of the Agency, that interest could affect the employee's ability to make impartial decisions on behalf of the Agency. As a result, any employee who becomes aware that the Agency is or may be doing business with any such individual or Agency must alert management.

Staff are not permitted to accept gifts of any kind in exchange for services. Should you receive a gift from a person served, kindly decline and thank them. Should they insist, inform them that Agency policy prohibits you from accepting gifts. In some cases, not accepting a gift may be a sign of great disrespect. In these cases, inform the person that the gift (non-monetary) will be shared with all staff employed by the Agency.

Employees should not obtain outside employment that may directly conflict with the interests of our Agency.



## PRIVACY & CONFIDENTIALITY

Privacy is a responsibility to protect an individual's personal medical and service information from the public platform in any way; And safeguard any information classified as protected health information, as well as a person's name, image, email, address, phone number, social media page, etc. Confidentiality refers to the protection of information we share with other entities such as doctors, clinics, and local service agencies; and requires written consent before releasing any information to these entities or anyone who is not the individual being served.

Every employee of BRIDGES is required to take HIPAA/Compliance training on an annual basis. The protection of confidential information for persons served is vital to the interests and success of the Agency.

Each employee has a continuing obligation to safeguard and not disclose confidential proprietary information even after their employment with the Agency ends, whether through retirement, resignation, termination or otherwise. Such restriction on disclosure of the Agency's confidential information includes a restriction on posting or relaying it on the internet in any forum, blog or electronic communication of any sort.

## AGENCY PROPERTY & EQUIPMENT

Employees are responsible for Agency property, including keys, equipment, supplies, documents, vehicles, etc., issued to them by the Agency for use on the job as well as for all Agency property in their possession or control. Employees are expected to treat Agency property with due care, and immediately report any loss or damage to their Supervisors. All BRIDGES property must be returned by employees on or before their last day of work.

The Agency provides all office employees with access to Agency computers, telephones, voicemail, e-mail and Internet access as tools to perform their job responsibilities. These data and telecommunications devices are provided to further the business interests of the Agency.

The Agency may monitor and/or record all telephone and electronic communications, including voicemail and e-mail. In addition, Internet and other computer usage may be monitored and audited to ensure that activities mirror our values. For security purposes, it is very important that employees never share log-ins, passwords, passcodes or other computer-related security measures and data with co-workers or any non-employee. All documents and information transmitted, received, or composed on Agency equipment are part of the Agency's records.

Agency employees are entrusted with and have access to Agency equipment, Agency products, confidential and proprietary Agency information and, most importantly, confidential information for persons served. Removal of Agency property, equipment, documents, samples, prototypes, or



products is prohibited. Theft of this physical or intellectual property, or otherwise violating this trust, will subject the violator to disciplinary action including and not limited to disciplinary suspension or immediate termination of employment, at the Agency's discretion, as well as possible legal proceedings, including criminal actions, to prosecute the employee, recover Agency property, or both.

PERSONAL DEVICES: Unless expressly authorized to employees in key positions, employees are strongly encouraged to use only Agency equipment to conduct all Agency business. In order to comply with confidentiality standards, employees are not permitted to use personal devices to conduct work related matters except to communicate with your Supervisor.

## INTERNET, SOCIAL MEDIA & MEDIA

The Agency provides employees with access to computers and the Internet for business purposes only. Accordingly, employees cannot have any expectation of privacy in any communications, information or data contained in or transmitted by Agency computers.

All employees are provided with a log-in and password, or other security provision, to access the Agency's computer system. Employees may not personally password or otherwise secure a file, document, program or other portion of the Agency's computer system without receiving permission to do so from the department Director, and without having a business need for the separate password/security measure. No personal or separately password-protected programs, files or documents for which the Agency does not have the passwords may be kept on the Agency's computer system.

Employees must use the Agency's Internet in a professional, ethical and lawful manner at all times. Employees must not access the Agency's Internet or e-mail to use, upload, post, mail, display, or otherwise transmit in any manner, any communication that may be considered inappropriate.

SOCIAL MEDIA: "Social Networking" and "Online Networking" encompass social networking sites (including and not limited to use of Facebook, Instagram, Twitter, or LinkedIn); personal or professional "blogs;" and other types of electronic communications or sites as may be developed in the future.

The actions of each employee reflect upon the reputation of the Agency. BRIDGES expects that each employee will act in the best interest of the Agency. If personal actions would pose a conflict of interest with either the Agency or our persons served, then the employee is expected to refrain from those actions. Employees are not permitted to use the Agency's name, logo or website address or link to the Agency's website without express permission from the Executive Director. Employees are prohibited from making false, misleading or unsubstantiated claims about the



Agency's products or services. Employees may not post or distribute photos on the Internet of other employees at work or at Agency functions without permission from the other employee.

BRIDGES encourages staff to like and share materials from the Agency's social media pages in order to spread the messages, news and updates to the entire community. In doing so, employees are expected to use language consistent with our values and our mission. Use discretion and always ask for guidance about what you post for the Agency.

PUBLIC ANNOUNCEMENTS & MEDIA: The Executive Director serves as the official Agency spokesperson and the only person authorized to convey the Agency position on issues through public communication. If you are requested to make a public statement on behalf of the Agency regarding the Agency, its programs or services, its persons served, or other similar matters relating to the Agency or its industry, you should courteously refer the contact to the Executive Director and issue no further comment.

PHOTO/RECORDINGS: Employees are not permitted to take photographs, videos or make other audio or video recordings in the workplace or at Agency events or while engaging in business on behalf of the Agency without permission from the Executive Director and potentially of every person being photographed and/or recorded. Employees may not post photographs, video or other recordings (whether audio or video) taken in the workplace or at work-related events on the Internet without the permission of the Agency or person recorded.

## ***SEPARATION OR TERMINATION OF EMPLOYMENT***

Should the employment relationship end, the following occurs:

- Final paychecks will be payable on the next regular pay date subsequent to termination of employment, and are mailed to the employee's home address on file or deposited in the employee's account.
- It is the Agency's policy to provide only the dates of employment, job title, and compensation verification to prospective employers for an employee who is no longer with the Agency.
- All Agency equipment, property, documents and any client or consumer-related documents or files, as well as any keys or key-cards, must be returned to the Agency on or before the departing employee's last day of work, unless other arrangements are made.



## ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of the Agency’s Employee Handbook (the “Handbook”) describing the Agency’s policies and benefits offered when the Handbook was distributed. I understand that I am to read and understand the Handbook in its entirety, and I am aware of my obligations to comply with the policies and procedures contained in the Handbook as a condition of my employment.

I specifically and expressly acknowledge that the Handbook contains policies and notification procedures regarding equal employment opportunity, discrimination, harassment (including sexual harassment) and retaliation. I understand and agree that if I subject others to any of the conduct prohibited by these policies, I may be immediately discharged. I also agree and understand that if I believe that I am subjected to any prohibited conduct, I am expected to avail myself of the multiple avenues described in this Handbook by which I may complain.

I also expressly acknowledge that the Handbook contains the Agency’s policy regarding *Computers, Telephones and Electronic Devices*, including the section regarding Monitoring and Violations. I understand that the Agency may monitor and/or record telephone calls, e-mails and Internet usage on Agency-owned or leased equipment, and therefore I have no expectation of privacy with regard to any of these devices or communications. I hereby freely and voluntarily consent to this monitoring and/or recording.

I also expressly acknowledge that the Handbook contains a Drug Free Workplace policy and understand that employees may not perform work for the Agency under the influence of illegal drugs, alcohol or other substances. I consent to drug testing as performed by the Agency, as described in this Handbook.

I understand that this Handbook is intended to inform employees of the Agency’s personnel policies. This Handbook is not an employment contract, express or implied, or a guarantee of employment of any kind or for any duration whatsoever. Employment with the Agency is "at will," which means that either I or the Agency can end the employment relationship at any time, for any reason, or for no reason, with or without prior notice. In order to retain necessary flexibility in the administration of policies and procedures, I understand that the Agency may revise these policies and benefits at any time, at its discretion, without prior notice to me. The Agency will issue revised policies should such revisions occur. Revised policies are only effective when issued by an authorized Agency representative.

Print Name: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please sign and return this acknowledgement to Human Resources.**



# Program Manual

---

CDPA Program • Fiscal Intermediary Services

Revised 03/21/2022



## Contents

Mission .....	4
History & Philosophy.....	4
Acronyms & Terms .....	4
Professional Commitment.....	5
Code of Conduct .....	6
Consumer Training & Intake Process .....	7
Eligibility .....	7
Consumer Onboarding.....	7
Documentation .....	7
Intake & Training .....	8
Time and Attendance.....	9
Payroll & Benefits Package.....	10
Workers' Compensation .....	10
Unemployment .....	10
NYS Disability.....	11
Other Insurance and Benefits .....	11
Holiday Pay .....	11
Personal Assistant Payroll Enrollment Process.....	12
Payroll Documentation .....	12
Enrollment.....	12
E-Verify Compliance .....	12
Medicaid Exclusion .....	13
Time and Attendance .....	13
Monthly Monitoring .....	13
Medicaid Eligibility & Insurance Status.....	13
Monitoring Self-Directed Ability .....	14
Monthly Phone Calls.....	14
Random Unannounced Home Visits.....	15
Authorizations .....	15
Health Assessment .....	16
Medicaid Exclusion Checks .....	16





Record Maintenance and Retention .....	16
Performance & Quality Improvement .....	17
HIPAA/HITECH Compliance.....	18
Protected Health Information .....	18
Consumer Rights .....	18
Information Privacy .....	18
BRIDGES Staff Training.....	19



## Mission

The mission of BRIDGES is to provide advocacy and leadership toward an accessible, integrated community, promoting health and autonomy for people with disabilities.



## History & Philosophy

The Consumer Directed Personal Assistance (CDPA) Program is a Self-Directed Personal Assistance Service or CDPAP. It is also known in New York State as Consumer Directed Personal Assistance Services (CDPAP). This program has been in existence for several decades as a result of grassroots efforts led by people with disabilities who were dissatisfied with the level of care they received, and their lack of control to manage their own care.

It was in the late 1970's when individuals with disabilities mobilized against the status quo risking their health and for some, their lives, to spark a change in the system they saw failing them. Advocacy efforts led the way towards an innovative and less restrictive program that would allow people with disabilities to hire their own Personal Assistants and manage their own care. After several levels of change in the way this service would be implemented, the program was titled the Patient-Managed Home Care Program and was later changed in the early 90's to the Consumer Directed Personal Assistance Program (CDPAP).

This program allowed Medicaid recipients with disabilities who could demonstrate an ability to be self-directing and capable of managing their own care, the ability to hire a Personal Assistant or PA. The program afforded individuals in the program the opportunity to hire people without home health aide or personal care aide licenses or certifications and allowed them to hire people they know: family members, friends, neighbors, etc. On many occasions, these were people already involved in the care of the individual with the disability; however, they were unpaid up until this point in time. The program expanded and allowed designated representatives to direct the care of individuals with a disability if they were unable to manage their own care. This allowed parents, spouses and siblings to provide oversight and supervision over the care provided by the PA.

CDPAP gave individuals control over their care and freedom to hire the very people, in most cases, already helping them. BRIDGES has offered this service in Rockland County, NY since 1987, as the first organization in the County to provide CDPAP. BRIDGES always has and will continue to safeguard the integrity and true essence of the CDPAP philosophy by ensuring Self-Directed Consumers are provided tools, resources and support to be as independent as they can in their community.



## Acronyms & Terms

- CDPAS: Consumer Directed Personal Assistance Services (Same as CDPAP)
- LDSS: Local Department of Social Services.
- MCO or MLTC: Managed Care Organization or Managed Long Term Care Organization
- CDPA: Consumer Directed Personal Assistance (BRIDGES' name for the CDPAP program)
- Designated Representative: Is the person overseeing the delivery of CDPA services on behalf of the self-directed employer.
- EVV: Electronic Visit Verification is time & attendance in an electronic database. Consumers will have an active role in ensuring their PAs clock in and out over the phone.
- Fiscal Intermediary (FI): Refers to BRIDGES and its CDPA program, as the organization responsible for providing Consumers with wage, benefits and administrative support including but not limited to: payroll functions, tax withholding, and mandatory fringes and benefits administration.
- NYS DOH: New York State Department of Health
- NYS DOL: New York State Department of Labor
- OMIG or OIG: Office of the Medicaid Inspector General or Office (State) of Inspector General (Federal)
- Consumer: Refers to the self-directed employer or their designated representative.
- Personal Assistant (PA): Is the employee of the Self-Directed Employer/Consumer.
- Self-Directed Employer: Is the CDPA Consumer who is the direct recipient of the SDPA services.



## Professional Commitment

BRIDGES is committed to providing quality customer services to program Consumers as well as their Personal Assistants. BRIDGES ensures each Consumer is provided the necessary support and guidance to help advance their independence. Specialists at BRIDGES are trained in Independent Living and CDPAP history as well as philosophy. This orientation includes training in the Principles of Independent Living, 18 NYCRR § 505.28 (and successor regulations), 10 NYCRR § 766.11(c) and (d) (and any successor regulation), HIPAA, the 8 elements of corporate compliance, the 7 keys of compliance, and the onboarding process for a new Consumer.

Consumers are given a direct point of contact at BRIDGES when they require assistance or support. The direct point of contact is a PA Specialist in the CDPA Program who provides technical support. These types of calls can vary from information on how to complete an application for services, or an employment application for their PA, to information on how to hire, supervise and dismiss a PA. CDPA Specialists are trained to provide basic and current guidance that is consistent with rules issued by the NYS DOL for any employment related matters.

BRIDGES believes in capacity building, empowering people to self-advocate, and teaching people how to navigate challenges that arise. CDPA Specialists communicate with Consumers in a manner that empowers independence and advocacy. BRIDGES provides tools and resources to help individuals in this program become employers, supervisors and stakeholders in their community.

Consumers are made aware of their rights and responsibilities in the program. This is part of the Consumer's orientation and onboarding process.

Concerns related to productivity, performance or behavior of a PA can be directed to a PA Specialist in the CDPA Program exclusively for guidance and technical support. CDPA Specialists at BRIDGES will not act on behalf of the Consumer or direct a PA in any manner associated with or in reference to the employment of the PA.

BRIDGES Main Phone Number: 845-624-1366

Director of Operations: Ext. 128

Deputy Executive Director: Ext 112

Corporate Compliance Hotline: 845-215-1013



## Code of Conduct

The Agency is committed to a common language to describe the culture and behavioral expectations for all Agency stakeholders, including persons served by BRIDGES, Consumers, PAs, Agency employees, Board members, and visitors. Accordingly, the Agency expects that everyone will act in accordance with BRIDGES values of Synergy, Dignity and Worth, Acceptance, Empowerment, and Leadership; and in ways that demonstrate BRIDGES vision to establish a barrier-free society; enhancing quality of life for people with disabilities.

Table 1 below represents BRIDGES Value Statement. The Agency believes that these values help ensure that everyone is treated with dignity which exemplifies the Independent Living Philosophy.

Table 1

<b>Synergy</b>	BRIDGES believes individuals working together for the mission and vision of the organization is more powerful than the efforts of individuals working on their own.
<b>Dignity &amp; Worth</b>	BRIDGES acknowledges and honors the inherent right and value of each person and treats people in a caring and respectful fashion.
<b>Acceptance</b>	BRIDGES values diversity and inclusion and embraces differences in others.
<b>Empowerment</b>	BRIDGES encourages self-determination, choice, and autonomy.
<b>Leadership</b>	BRIDGES champions efforts that lead to change that enhances quality of life within the disability community.

## Consumer Training & Intake Process

### Eligibility

To participate in the CDPA Program, the individual must be a person with a disability; and/or have a chronic illness that requires some or total assistance in personal care services, home health aide or skilled nursing tasks and activities of daily living (ADL); be eligible for, or currently receiving, personal care services; or be Medicaid eligible and have an expected need for home health care; and reside in New York State.

Consumers of the CDPA Program are medically stable and self-directing. Self-directing means they are able to participate in the selection of a qualified service provider and able and willing to make decisions regarding their personal care and activities of daily living; this includes the ability to supervise, teach and guide their PA in carrying out the tasks that need to be completed, in accordance with the Consumer's plan of care, as well as able to dismiss their PA, when and if deemed necessary. In the event a Consumer is not self-directing, a designated representative may be assigned to act as the Consumer.

Consumers must be able and willing to authorize payment to their PA(s), including the signing of time record forms; time & attendance forms for adjustments in payroll; and providing use of their house phone for PAs to phone in their hours on the Electronic Visit Verification system (EVV). Consumers must be able to attest to the hours their PA reports as worked.

### Consumer Onboarding

Individuals referred to the CDPA Program will be contacted within 24 hours, and a scheduled date will be agreed upon by the Specialist and potential Consumer for intake and training. A CDPA Specialist meets the referred individual at their home, and in some cases at the BRIDGES office, to complete all documentation and receive a brief orientation to the Agency and the CDPA Program. The intake will be documented electronically for follow up and compliance. Before a Consumer allows their PA to work, an authorization issued by the LDSS or their health plan must be filed at BRIDGES; Consumers must ensure their PAs are compliant with NYS DOH and DOL regulations before starting work.

### ***Documentation***

The CDPA Program maintains records for each Consumer that include, at minimum, copies of authorizations, reauthorizations, and the contract between BRIDGES and the Consumer. Intake and training for the Consumer includes the following records and documentation:

1. BRIDGES Service Record
2. CDPA Consumer Agreement – The Contract
3. CDPAP Application (As provided by LDSS, MCO or MLTC)
4. Medicaid Compliance Memorandum

5. Payroll/Enrollment forms for hired PA's
  - a. This includes a review of payroll and the benefits package

### ***Intake & Training***

In accordance with 18 NYCRR § 505.28, BRIDGES and the Consumer enter into a signed agreement that outlines the responsibilities of the Consumer, the FI, as well as the health plan or LDSS. The intake entails training on the contents of the agreement, and NYS DOH guidelines as well as procedures for enrolling PA's when a Consumer has decided to hire a PA. The following encompasses points of discussion and training:

- Consumers must demonstrate practices consistent with Equal Employment Opportunity standards and NYS DOL laws.
- Consumers manage their plan of care, which is authorized by the LDSS, MCO or MLTC and must be able to recruit and hire a sufficient number of PAs to provide such authorized services.
  - o "A sufficient number of PAs" must be such that a Consumer will have a backup PA in case the other PAs goes away on leave or stops working for the Consumer.
- Consumers train and supervise, ensuring that their PAs completely and safely perform their tasks in accordance to the plan of care.
- Consumers must schedule their PAs appropriately to satisfy their plan of care needs but no more than the authorization allows.
- Consumers must inform BRIDGES when they have hired a PA prior to a PA starting employment, to ensure that all necessary payroll documentation is completed and entered.
- Consumers must inform BRIDGES when dismissing a PA from their employment and complete necessary documentation to record the separation of employment.
- Consumers must inform BRIDGES of any time a PA goes on leave or takes time off for any reason so that any documentation needed for the time off, or any new hire, can be submitted in a timely fashion.
- Consumers must make their home phone available for the PAs to sign in on the EVV system.
- Consumers must attest to the time PAs report as worked via the EVV system.
- Consumers must ensure PA schedules do not overlap with one another. In addition, training includes reminders on what things need to be reported and when to report, as it relates to the Consumer and their status:
- The Consumer is responsible for notifying BRIDGES within 24 hours of any changes to the Consumer's medical condition or social circumstances including but not limited to hospitalizations; nursing home and or rehabilitative admittance; and changes in home address, phone number and/or health plan. Consumers are encouraged to inform their PAs to make such notification if and when they are not able to notify the Agency or there is no representative available to notify BRIDGES.



- Consumers must acknowledge and agree to report any instance of direct or indirect Medicaid overpayment and to return the overpayment within sixty (60) days of the identification of overpayment. Failure to do so may expose the person to liability under the False Claims Act, including whistleblower actions, treble damages and penalties. The OMIG, LDSS, MCO or MLTC may suspend payments to the FI and to the PA, if applicable, pending an investigation of a credible allegation of fraud against the FI or the PA, as applicable, unless the state determines there is good cause not to suspend such payments.
- The Consumer must notify the FI and or the LDSS or health plan of any disclosure of information that the MCO or MLTC has taken reasonable measures to maintain as confidential and which derives independent economic value from not being generally known or readily ascertainable by the public (proprietary information). Proprietary information includes the compensation arrangements between the health plan and the FI as well as the amount the FI pays to the PA and any other information related to the health plan's business that is not public information.

## Time and Attendance

BRIDGES strives to make the time and attendance process simple and efficient for all involved. The time and attendance process includes an Electronic Visit Verification system (EVV). Consumers are informed that, as part of the FI package, PAs they hire are expected to use the EVV system to report their hours. Consumers must ensure PAs clock in and out to complete their shift every day they work.

- As part of the FI package, BRIDGES payroll runs every two weeks with pay day occurring every other Friday. The payroll week runs from Sunday to Saturday on a two-week basis.
- Consumers must submit signed attestation of time and attendance for all their PAs (paper or electronic, if applicable).
- CDPA Specialists review reports from the EVV system and ensure time and attendance forms for all PAs are ready for payroll. CDPA Specialists pull the following reports;
  - o Authorized Hours Review: ensure hours reported by each PA are within the authorized hours for care for each Consumer. Hours reported beyond the authorization are the responsibility of the Consumer as per section 8 of the Consumer Agreement. BRIDGES will not pay and is not responsible for hours in excess of the authorization.
  - o Overlap Report: this report is reviewed to ensure there is no overlap between two or more PAs or overlapping hours for a PA who works for multiple Consumers;
    - Overlap issues require an investigation to determine how the overlap occurred and how to properly compensate the PAs. The Consumer is responsible for any hours the FI does not pay as a result of an overlap between two PAs.
    - CDPA Specialists also review instances where PA hours reported for one Consumer overlap with another Consumer and investigate accordingly.

- Authorization Report: this report provides information on the status of all Consumer authorizations issued by the MCO, MLTC or LDSS.

## Payroll & Benefits Package

BRIDGES offers Consumers a comprehensive package for their workforce. In accordance with federal and state laws, as the FI, BRIDGES provides Worker's Compensation Insurance, Unemployment Insurance, Sick Time, as well as NYS Disability Insurance for PAs who may find themselves in need of such coverage. These coverages are required by law to operate as an FI. Aflac coverage(s) and Paid- Time-Off (PTO) accruals. BRIDGES also offers PTO, holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

### ***Workers' Compensation***

If a PA is injured while at work, the PA may be eligible to receive certain benefits under the FI's Worker Compensation policy. This policy applies only to job-related illnesses or injuries.

If a Consumer's PA sustains a work-related injury or illness, the Consumer should immediately inform a CDPA Specialist for guidance and next steps. CDPA Specialists at BRIDGES will promptly send required forms to submit to the Workers Compensation Board and follow up with the Consumer on the status of their PA. The Workers' Compensation Board will make a final determination based on the details presented by the Consumer and/or the PA.

### ***Unemployment***

PAs separated from their jobs under certain conditions may be eligible for Unemployment Insurance benefits. If eligible, PAs that are separated from employment will receive weekly income benefits determined by the wages they received. The State Department of Labor's Unemployment Division is solely responsible for making determinations regarding eligibility and benefit amount. Consumers are asked to inform CDPA staff immediately, or within 5 days of a separation from employment, in order that CDPA staff may provide the Consumer and/or the PA(s) with separation documents that provide information and reason for separation. CDPA maintains these documents in the Consumer's and PA's file for future reference including Unemployment Insurance claims.

### ***NYS Disability***

The FI provides Short-term Disability Insurance for the Consumers' PAs, in accordance with state law. PAs who need to be absent from work due to a personal injury or illness unrelated to work, or who require leave due to pregnancy, may be entitled to Disability Insurance benefits. The provision of short- term Disability Benefits does not guarantee that the PA will receive any specific amount of leave time from work. Consumers whose PAs experience a personal injury or illness unrelated to work, or who require leave time due to pregnancy, are asked to inform CDPA Specialists immediately to ensure

appropriate documentation is completed and submitted to the insurance carrier in timely fashion.

### ***Other Insurance and Benefits***

The benefits package for Consumers includes PTO accrual for their PAs. PAs that work more than 40 hours a week will accrue at least 1 week for the first year and 2 weeks each year thereafter.

PTO time can be used for sick, vacation and personal time. PTO time is accrued per pay period from the date of hire and can be used after 6 months of continuous work from the date of hire. No more than 1 week PTO time may be carried over to the following year. PTO will be paid in accordance with the regular schedule of a PA and as approved by the Consumer.

Consumers whose PAs request time off should inform a CDPA Specialist as soon as possible to receive a Leave Time Tracker form signed by both the PA and the Consumer, even if the PA has no PTO time available. This communication ensures that technical support is provided to the Consumer related to recruitment and or scheduling issues. CDPA Specialists are trained to provide information on the benefits package to Consumers and PAs.

### ***Holiday Pay***

The Consumer benefits package includes holiday pay for PAs who consistently work 40 hours or more per week. Paid holidays include: Thanksgiving Day, Christmas Day and New Year's Day. PAs that work 30 hours or more and normally work on the day the holiday falls on, may take the day off and be paid a full day of work consistent with their normal work schedule. PAs that choose to work on the day of the holiday will be paid time and a half.

### ***PTO Payout***

If a Consumer terminates a PA for cause, BRIDGES will not pay out any accrued PTO benefits.

## Personal Assistant Payroll Enrollment Process

CDPA Specialists meet with a;; newly hired PAs to ensure timely enrollment into the payroll, provide training of use of EVV system, and review documents for accuracy and missing information.

Consumers are informed that PAs must have all documents complete in order for them to start work.

### Payroll Documentation

BRIDGES' CDPA Program processes the wages and benefits for each PA including establishing the amount of each PAs wage and benefits; processing all income tax and other required wage withholdings; and complying with Workers Compensation, Disability and Unemployment Insurance requirements.

The CDPA Program maintains records for each PA which include: time records, health assessments, and information needed for payroll processing and benefits administration. Accordingly, the following documents are needed and provided to ensure timely and accurate processing of each PA's record and payroll distribution as well as to ensure compliance to regulatory agencies, i.e. NYS DOL and NYSDOH, before a PA begins working:

1. Health Assessment & Tuberculosis (PPD) Skin Test – Current within the year
2. Immunization record for Measles, Mumps and Rubella/Rubeola
3. W-4 Federal Tax and IT2104 State Tax forms
4. I-9 Verification forms (accompanied by an e-verify in the Department of Homeland Security portal)
5. Direct Deposit form
6. Non-Exempt Worker Wage notice (as required by NYS 'Wage Theft Prevention Act' at time the PA is hired)
7. A payroll schedule and an EVV guide is provided

### Enrollment

PAs who provide complete and current documentation are then processed through several electronic systems to ensure compliance and a status that permits them to work in the U.S. as well as with a Medicaid funded organization.

#### ***E-Verify Compliance***

As the Fiscal Intermediary, BRIDGES is responsible for ensuring that each Personal Assistant (PA) hired by a Consumer, is legally authorized to work in the United States. BRIDGES completes an "E-Verify" check for each hired PA, after they present a combination of documents accepted in accordance with the Employment Eligibility Verification Form I-9. The process is completed within 3 days of the date the PA starts working.

### ***Medicaid Exclusion***

As the Fiscal Intermediary, BRIDGES responds promptly and immediately when there is any evidence or report of fraud, waste and/or abuse. BRIDGES, as required by the OIG, OMIG and the NYS DOH, conducts screenings of every employee, vendor and Personal Assistant (PA) via a web based platform for Medicaid Exclusion verification. BRIDGES' web based application searches OMIG, OIG, SAM and other databases that contain a List of Excluded Individuals and Entities (LEIE) who is (are) not permitted to participate or work for a Medicaid funded organization as a result of fraud, integrity or a quality offense. BRIDGES ensures that each PA is screened at time of hire and every month thereafter, and until employment has ended.

### ***Time and Attendance***

PAs are enrolled into databases including the BRIDGES payroll company portal and the EVV system. The PA is issued a code once their information is loaded, in order for them to use the EVV system and record their hours.

## Monthly Monitoring

Checks and balances are established to ensure compliance in all aspects of the program from intake through the end of a Consumer's services. Monitoring is an essential component to establishing, reviewing and maintaining compliance. The following are monthly monitoring activities conducted by CDPA staff:

### Medicaid Eligibility & Insurance Status

CDPA staff runs an eligibility report on a weekly basis for every Consumer served in the program. This report provides information on anyone who has active Medicaid status as well as those who have an inactive or terminated Medicaid status. Upon reviewing the report, CDPA staff contact the Consumers whose eligibility expired or are inactive and provide technical guidance towards obtaining an active status again.

If the Consumer is not able to obtain an active Medicaid status after he or she has been made aware by CDPA, the Consumer is then provided notice for termination of services.

In addition, CDPA monitors the insurance status of each Consumer. Covered Consumers must inform the FI in a timely manner of any change in their insurance plan. The FI will take appropriate steps to inform the LDSS, MCO or MLTC of changes in service level as a result of hospitalization, rehabilitation, or any other higher level of care. CDPA monitors enrollment as well as disenrollment in a health plan on a weekly basis to ensure timely transition of information and authorization.

### Monitoring Self-Directed Ability

Consumers involved in the CDPA Program must be self-directing. It is the responsibility of the Consumer, including the designated representative, to supervise and direct the PA in performing tasks authorized and included on the plan of care. CDPA monitors the self-directed ability of each Consumer or their designated representative to ensure they are able to follow through on their responsibilities through several activities: monthly phone calls to each Consumer, random unannounced home visits, as well as review of all records including time records that are submitted to CDPA. CDPA reports to the MCO, MLTC or LDSS any reviewed instances where the self-directed ability of an individual is compromised, and/or the designated representative is no longer able to fulfill their responsibilities under the program.

#### ***Monthly Phone Calls***

Monthly calls establish self-directed capacity, using questions that are geared towards learning how the Consumer manages their PAs in accordance with their plan of care and within the authorized hours.

Calls also gather information on updated Consumer demographic information, if any changes occurred, and to record and follow up on any instances where a hospitalization, vacation or any circumstance that resulted in un-utilized authorization. In addition, information on new PAs and those released from their employment will also be documented.

Monthly calls are guided by the following conversation protocol:

1. Greeting / Verification of Demographic Information
  - a. Check for accuracy or changes to phone number, email, and home address
  - b. Verify their health plan
2. Confirm the number of PA(s) working
  - a. Record any changes; Demographics, new PAs, PAs dismissed.
    - i. Inform the Consumer of any information related to the health status of their PA(s)
  - b. Determine the need for technical support if Consumer expresses a concern with a PA, with regards to performance, or problematic behavioral patterns that can compromise the quality of care the Consumer receives
    - i. CDPA staff provide guidance consistent with DOL policies
  - c. Provide a courtesy listing\* of applicants for instances of worker issues, including having an insufficient number of PAs to cover authorized hours at the request of the Consumer
    - i. Communicate utilization of authorized hours
  - d. Inquire and record any instances of hospitalizations, nursing home, rehabilitation stay, or time spent away from home or out of the country
    - i. Ensure with the Consumer that no PAs worked during this time\*\*
  - e. Provide technical support to any time and attendance issues

*\*A courtesy list consists of people who express interest in working with someone in their home. This list is **not** a workforce managed by BRIDGES and people are not vetted for the program. Consumers must conduct their own vetting process when receiving such lists. CDPA provides technical guidance on interviewing skills both over the phone and in person as requested.*

*\*\*In accordance with NYS DOH policy, exceptions can be made when a Consumer leaves on short-term travel; in that instance a PA is permitted, under this policy, to accompany the Consumer and perform necessary tasks associated with the Consumer's plan of care.*

Calls are expected to last anywhere between 5 and 10 minutes in length to provide careful attention to necessary information and provide supports where needed. Calls are documented in electronic format to confirm monitoring.

### ***Random Unannounced Home Visits***

Visits to the home of each self-directed Consumer are conducted at random on a quarterly basis. A random selection of Consumers is chosen, based on a percentage of the total people served in the CDPA Program. Home Visit reviews are completed by CDPA staff and are documented and maintained in electronic records.



CDPA staff members are trained to conduct the visit during the time a PA is working. The visit involves dialogue with the Consumer, the representative (if applicable) and the PA to determine level of satisfaction for services provided by the FI, observance of any potential risk for fraud, waste or abuse, and to ensure compliance with Medicaid rules as agreed upon by the Consumer.

## Authorizations

Monthly monitoring is completed on all Consumer authorizations to ensure active status for services. A monthly report is generated to review expiring authorizations within the next 30 days. Calls are made directly to the Consumer to inform them of the expiring authorization. Calls are then placed to the LDSS, MCO or MLTC for instances where an extension is appropriate allowing the Consumer extra time to complete physicians' orders that are submitted to the plan for a new authorization.

Authorization must be active for a Consumer to continue to receive CDPA. If a Consumer fails to complete a physician's orders, a 10-day notice for termination of services will be sent to the Consumer no later than the 10 days before the authorization expires.

## Health Assessment

Health assessments including PPD screenings are monitored on a monthly basis in advance of 30 days. CDPA ensures that the health status for each PA is assessed pursuant to 10 NYCRR §766.11(c) and (d) or any successor regulation. CDPA sends a monthly notice to Consumers including the date their PA's health assessment and or PPD expires. Consumers are asked to remind their PAs to get their assessments completed as soon as possible and are required to have a back-up PA ready if the PA does not comply with the NYS DOH regulation. Health assessments, PPD and MMR\* immunizations (\*required one-time at date of hire if applicable) are filed in a separate file for the PA.

## Medicaid Exclusion Checks

As the Fiscal Intermediary, BRIDGES responds promptly and immediately when there is any evidence or report of fraud, waste and or abuse. BRIDGES, as required by the OIG, OMIG and the NYS DOH, conducts screenings of every employee, vendor and personal assistant (PA) via a web based platform for Medicaid Exclusion verification. BRIDGES' web based application searches OMIG, OIG, SAM and other databases that contain a List of Excluded Individuals and Entities (LEIE) who are not permitted to participate or work for



a Medicaid funded organization as a result of fraud, integrity or a quality offense. BRIDGES ensures that each employee, vendor and PA is screened at time of hire and every monthj thereafter, and until employment or term has ended.

## Record Maintenance and Retention

BRIDGES maintains a high standard for accuracy and completeness in documentation and reporting. BRIDGES is responsible for the integrity and accuracy of these records, not only for compliance with regulatory and legal requirements, but also to ensure records are available to prove and defend business practices. BRIDGES institutes contemporaneous documentation as a standard of practice, ensuring that staff document in a timely manner within close proximity or at the same time information is gathered.

In accordance with NYS DOH standards, BRIDGES and its CDPA program maintain records for Consumers and Personal Assistants. Consumer files will maintain, at a minimum, copies of authorizations, reauthorizations, and the contract between BRIDGES and the Consumer. At a minimum, records for PAs contain time records, health assessments (kept in separate file), and information needed for payroll processing and benefits administration.

All records are maintained in alphabetical order, in locked cabinets or file room and are separated as required. Consumer records are maintained separately from PA records. Health assessments, PPD and MMR records are also stored separately from payroll records for the PA. The federal I-9 forms are kept in a single binder, and maintained in accordance with federal guidelines as indicated in the I-9 manual. Documents that are completed during the time the Consumer is enrolled in the program, such as updated forms, termination or resignation forms, insurance claims, and any other documents related to the service relationship between the Consumer and their PA will be stored respectively in the Consumer or PA records.

BRIDGES maintains records at a minimum of 7 years after the Consumer has ended or terminated their participation in the program. PA records are maintained at a minimum of 4 years after the PA has ended or terminated their participation in the program. Records are maintained in a locked storage room with a scheduled date of destruction of the records. All records are handled in accordance with HIPAA (Health Insurance Portability and Accountability Act) regulations to ensure confidentiality of information protected by privacy and confidentiality standards and protected health information.

## Performance & Quality Improvement

The CDPA program participates in ongoing quality improvement efforts. These quality improvement efforts focus on direct Consumer support processes that promote optimal outcomes and effective program practices. This is accomplished through Consumer Advisory Committee meetings, Consumer surveys, and other appropriate quality improvement techniques.

To achieve the goal of delivering high quality Fiscal Intermediary services, the CDPA Program is given the responsibility to participate in activities such as:

- Annual Consumer Satisfaction surveys
- Periodic Consumer and PA Record Reviews
- Risk management activities
- Operation management and periodic self-audits of reimbursements
- Consumer Advisory Committee
- Periodic review of and implementation of the Corporate Compliance Plan. (See Corporate Compliance Manual)

## HIPAA/HITECH Compliance

The Health Insurance Portability and Accountability Act, a federal law that was passed in 1996 (HIPAA), imposes several requirements related to health insurance and Consumer records. One aspect of HIPAA, known as the Privacy Rule, provides Consumers with certain rights with respect to their protected health information and requires service providers protect the privacy of their information. Further, those working for BRIDGES are trained in policies and procedures related to maintaining privacy.

This aspect of HIPAA went into effect on April 14, 2003 and applies to health information in any form, including paper, electronic, and oral. More recently, the HIPAA Security Rule/HITECH Act went into effect, which requires that electronic health information be maintained in a way that protects the availability, integrity and confidentiality of these records.

### Protected Health Information

BRIDGES protects all information related to people served including Protected Health Information (PHI) which is identified as any information that reveals or identifies an individual's disability status or services provided. BRIDGES ensures HIPAA policies are followed to protect any and all of the following information related to a person served including: name, address, social security number (if applicable), photos (if any), date of birth, and dates of services. In addition, Consumer records and information on their disability and diagnosis is safeguarded and protected in accordance with HIPAA.

### Consumer Rights

The HIPAA Privacy Rule affords Consumers the following rights with respect to their Protected Health Information (PHI): the right to be notified of the Agency's privacy practices; the right to access and amend their designated record; the right to an accounting of who has reviewed their health information other than for services, payment or operations; the right to request that access to their health information be restricted or to allow for confidential communication of that health information; and the right to file a complaint with the US Department of Health and Human Services Office of Civil Rights

### Information Privacy

HIPAA requires that BRIDGES maintain the privacy of health information by:

- Limiting access to health information to those who are involved in: the service provided to the individual; treatment; payment for that service; and service operations.
- Restricting access for purposes other than those noted above, to those instances which were authorized by the Agency or which fall into specific categories defined by the

federal regulations.

- Providing or viewing only the minimal amount of health information necessary to perform these functions.

## BRIDGES Staff Training

BRIDGES conducts annual training to staff to ensure they adhere to HIPAA rules and that day to day practices remain compliant to privacy rule standards. BRIDGES staff members are held to standards that ensure the confidentiality of any PHI to which they may have access including:

- a. Not sharing information with others who have no need to know, including co-workers, family members or friends
- b. Minimizing opportunities for Agency information to be overheard by others
- c. Securing paperwork which contains PHI from being viewed by others by storing such paperwork in a drawer or folder when not in use
- d. Closing computer programs containing agency information when not in use
- e. Limiting use of e-mail containing PHI to only those circumstances when the information cannot be sent another way and using encrypted email format to send that information
- f. Using a cover sheet when faxing PHI
- g. Never sharing passwords
- h. Disposing of information containing PHI properly, e.g. shredding paper

containing PHI In addition, BRIDGES staff members are expected to:

- a. Only view those records which are necessary for their job
- b. Check that individuals asking for PHI have a legitimate reason and if they are unsure, check with the Compliance Officer
- c. Check with the Compliance Officer regarding requests for access to PHI outside of their direct scope of practice.

BRIDGES staff members have an obligation to safeguard PHI of anyone served, even after they leave the Agency for any reason. Consumers rely on BRIDGES and its staff to never share their information inappropriately. For any questions, staff members are encouraged to speak to the Compliance Officer for anything related to their responsibilities under HIPAA.

Compliance Officer Hotline: (845) 215-1013

E-mail: [compliance@BRIDGESrc.org](mailto:compliance@BRIDGESrc.org)

# SERVICE RECORD - INTAKE FORM

## DEMOGRAPHIC INFORMATION

Last Name:  First Name:

Address:  City:

State:  Zip:  Phone:

Cell:  Email:

County of Residence:  Date of Birth:

Ethnicity:  Gender:

Primary Language:

Primary

Secondary

Do you have any of the following insurances:

**Check the box on the right if a second disability was entered**

Medicaid  Medicare  SSI/SSDI  Private or other:

Employment Status:  Highest Education Level:

Military Service:  Housing:

Are you a registered voter?

## INDEPENDENT LIVING PLAN

Reason for Visit:  1) INTRO/DEMOGRAPHICS 2) IMMEDIATE NEED(S) ASSESSMENT

Develop an Independent Living Plan...

Detail plan and goals:  3) POTENTIAL RESOURCES/SOLUTIONS/ADVOCACY EFFORTS 4) STEP(S) TO EMPOWER INDEPENDENCE?

Services currently receiving or enrolled in outside of BRIDGES:

**ACCESS & FUNCTIONAL NEEDS REGISTRY**

Does the individual wish to be added to the **Access & Functional Needs Registry**?

[Skip to Next Page](#)

Emergency Contact:

Phone:

Full Home Address:

Relationship:

Height  
:

Weight:

Eye Color:

Evacuation Information:  
Check all that apply

- Requires Mobility Assistance
- Non/Partially Verbal
- Deaf/Hard of Hearing
- Intellectual/Developmental
- Disability  Requires Life Support Equipment  Requires Constant Nursing Care
- Language other than English
- Wheel Chair User
  - Motorized
  - Standard
- Blind/Visually Impaired
- Mental Health Disorder
- Service Animal/Pets  
Indicate:

**HOME CARE:**

Does the person have a caregiver in the home, if YES, please indicate the **days** and **hours** the caregiver is providing care in the

MON  TUES  WED  THURS  FRI  SAT  SUN

		HOURS CAREGIVER IS PRESENT EACH DAY	
--	--	-------------------------------------	--

Physician Information:

Name:

Phone:

Pharmacy Information:

Name:

Phone:

Additional Comments/Information:

----------

Last Name:

First Name:

**INITIAL SERVICE TO BE PROVIDED**

Service Navigation:

Other appropriate services?

Secondary service to be referred to respective program via email.

How did you hear about us?

------------------

**AKNOWLEDGEMENT**

By Signing this document I agree to have received both verbally and in writing, an explanation and a copy of BRIDGES' commitment to privacy and confidentiality for any information of my own that may be protected under HIPAA law as well as an explanation and copy of my rights and responsibilities as a participant of the organization. I have been given a copy of grievance procedures that allows me to communicate to appropriate channels if I feel, for what ever reason, that I was mistreated or feel unsatisfied with my services. I certify that all information I presented and written on this document is true to the best of my understanding and knowledge.



**8/6/2021**

\_\_\_\_\_  
Signature of Participant/Representative

\_\_\_\_\_  
Date

8/6/2021

Signature of Intake Coordinator

Date

BRIDGES Staff conducting Intake:

Advocate Assigned:

DSRIP Navigation?  
REFUAH

Follow Up Date:

GRANT TYPE:

Last Name:

First Name:

## **NOTICE OF PRIVACY PRACTICES**

Please review carefully.

### ***Our Commitment to Privacy***

BRIDGES is a peer-directed, cross-disability advocacy and service organization dedicated to empowering persons to exert independence, choice and control in every aspect of their life. As such, we are committed to protecting the privacy of your health information. We are required by both state and federal law to protect the confidentiality of health and wellness information that may reveal your identity, and share with you this notice which describes the privacy practices of our Agency, its staff and affiliated service providers. All members of the RILC community, staff, business associates, agents, volunteers and contractors are required to follow the privacy practices delineated in this notice.

### ***Your Protected Health Information***

This notice applies to health information that BRIDGES maintains which may contain information, on your health and wellness as it relates to helping you to pursue your goals under our program. Information, such as medical records, billing records, whether on paper or in a computer system, if you are identifiable in those records BRIDGES will ensure its privacy and confidentiality. This information is called protected health information ("PHI") and can include photographs, videotapes, digital images, and other records that document your services. Some more examples of PHI are:

The fact that you are a participant at, have received, and/ or are receiving services from BRIDGES; Any information about your condition of health and wellness;

Information about your services, or benefits under an insurance plan;

Information about where you live or work (geographic information), or your race, gender, and ethnicity (demographic information); and other information that may be used to directly identify you.

### ***Your Rights Regarding Protected Health Information***

**Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy of the protected information in your BRIDGES record.

If you would like to inspect or receive a copy of your information, submit your request in writing to the Privacy Officer.

We will try our best to provide your health information to you in the form or format requested by you if such form or format is available. If it is not, the information will be provided in a readable hard copy form or such other agreed upon form.

Under very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide a written notice that explains our reasons, and a summary of the information requested, and information on how to file a complaint regarding our denial.

**Request to Correct or Add Information to Your Record.** If you believe your protected information documented by BRIDGES is incorrect or incomplete, you may request that we correct or add information to your record. If we deny your request, we will provide you with information about the denial and how you can disagree with it.

If you would like to request to correct or add information to your record, submit your request in writing to the Privacy Officer. Your request should include the reasons why you think we should make the correction and/ or addition.

You will have a right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explain your disagreement which we will then include in your records.

**Request Confidential Communications.** You have the right to ask that we communicate your protected information to you in different ways or places.

If you would like to ask that we communicate with you about your health matters in a more confidential way, you can share this information with the Advocate that you work with most closely, and you must submit your request to the Compliance/Privacy Officer in writing.

**Request Restrictions.** You have the right to request restrictions on uses and disclosures of your protected information.

If you would like to request that we further restrict the way we use and disclose your health information to offer you services, collect payment, or run our Agency's normal business operations you may share this information with the advocate that you work with most closely and must submit your request to the Compliance/Privacy Officer in writing.

Your request should include: what information you want to limit, whether you want to limit how we use the information, share it with others, or both; and to whom you want the limits to apply.

We are not required to agree to every request for a restriction, because in some cases, the restriction you request may not be permitted under law.

You may also request that we restrict disclosures to your health plan of any health information related to an item or service for which you or someone on your behalf, other than the health plan, paid in full. If you make such a request we will not disclose such health information to your health plan as part of our payment or service operations unless we are otherwise required to do so under the law.

**Receive an Accounting of Disclosures.** You have the right to request a list, called an "accounting of disclosures," which contains information about how we have shared your information with others. Some disclosures are not included in the list, such as those made to carry out service, payment, or Agency operations; disclosures made to you or with your authorization; disclosures made to individuals involved in your services; disclosures to law enforcement officers or to disaster relief agencies. Additionally, if your records are maintained electronically you have a right to receive an accounting of disclosures, including disclosures for services, payment and Agency operations made through an electronic consumer record, made within the prior three (3) years to your request.

If you would like to request an Accounting of Disclosures, you may share this information with the advocate that you work with most closely and you must submit your request to the Compliance/Privacy Officer in writing.

**Receive Notice of a Breach.** You have the right to receive notice in the event that there has been a breach of your unsecured health information. We will provide you notice of such a breach as soon as possible but no later than sixty (60) days after we discover the breach. Unsecured health information is information that is not deemed unreadable, unusable, or indecipherable using technology, such as

encryption, or other means specifically approved by the Secretary of the U.S. Department of Health and Human Services.

**Receive a Paper Copy of This Notice.** You have a right to receive a paper copy of BRIDGES current Notice of Privacy Practices at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain a paper copy of the notice, contact your Advocate.

If you would like to receive a paper copy of this form, you can request a copy for your next visit. You may request a copy to be mailed to you, or you can request an electronic copy to be e-mailed to you, by calling (845) 624-1366.

We may change our privacy practices from time to time. We will post any revised notice in our website, and in our reception area. You may obtain a revised notice the same means as described above.

### ***How We May Use and Disclose Your Protected Health Information***

**Service Delivery.** We may use or disclose your health information to provide you with services that will help you or a family member to accomplish an Independent Living goal. We may use PHI to provide you with services and we may disclose PHI about you to personnel who are involved in your services at BRIDGES. For example, we may share PHI with another advocate within BRIDGES for purposes of expanding your services or coordinating your services both within and outside of the BRIDGES. We will not share PHI with an outside entity without your authorization.

**Payment Functions.** We may use or disclose health information about you to obtain payment for services that have been provided to you. For example, we may contact your health insurer to certify that you are eligible for benefits and we may need to disclose protected health information to your health insurer in order to obtain payment for services, to obtain prior approval, or to determine whether your plan, or regulatory body will cover the service.

**To Those Involved With Your Service or Payment of Your Services.** Unless you object, we may disclose health information about you in the following circumstances: to your personal representative; to an individual who helps you to direct your services; or to an entity assisting in a disaster relief effort, so your family and others involved in your services can be notified of your location and general condition.

**Agency Operations.** We may use and disclose health information about you for activities necessary to the functioning of BRIDGES, and which ensure quality services for our participants. Examples of such activities include: service coordination, quality improvement initiatives, and general administrative activities of BRIDGES. For example, we may use your protected health information to review the services provided, to evaluate the performance of our staff supporting you, or to educate our staff on how to provide services to you.

**Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose health information in response to a court order or to report suspected or alleged abuse.

**Victims of Abuse, Neglect, or Domestic Violence.** We may disclose your information to an Agency authorized by law to receive, for example, reports of abuse, neglect, or violence. We will make an effort to obtain your permission before releasing information; however, in some cases we may be required or authorized to act without your permission.

**Public Safety.** As permitted by law, BRIDGES may disclose limited information about you to appropriate agencies or individuals when necessary to prevent or lessen a serious and imminent threat to the health or safety of yourself or others.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight Agency for activities authorized by law. Some examples of these activities are inspections or audits that are civil, criminal, or administrative in nature.

**Service Alternatives or Other Services.** We may use and disclose your health information in order to tell you about or recommend alternative options or other services offered by BRIDGES that may be of interest to you.

**Fundraising.** We may use demographic information about you in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. If you do not want to be contacted for these efforts, please write to the Privacy Officer.

***Authorization to Use or Disclose Your Health Information***

Except as described in this notice, BRIDGES will not use or disclose your health information without receiving authorization from you. Most disclosures of notes, uses and disclosures for marketing purposes, and disclosures that constitute communication to other entities of your health information require your prior written authorization. We may, however, provide you with marketing materials in a face to face encounter without your authorization or communicate with you about service alternatives or other health related products and services that may be beneficial to you in relation to your services. If you do authorize us to use or disclose your health information, you may revoke that authorization at any time. Your revocation must also be made in writing and will not apply to information that was previously used or disclosed based on your valid authorization.

***Contact and Complaint Information***

If you feel that someone at BRIDGES has violated your health information privacy rights, you may file a complaint. Please contact the Compliance/Privacy Officer to learn how to file a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (DHHS Secretary). If you do file a complaint, BRIDGES will not retaliate against you or your representatives in any way. If you have questions or requests related to this notice, please contact:



## PARTICIPANT RIGHTS AND REPONSIBILITIES

### Participant Rights

#### **You have the right to make informed decisions.**

BRIDGES is a peer-directed Agency and you have the right to manage your own goals. The staff at BRIDGES are here to provide you with adequate information and guidance as you navigate the decision making process that will enable you to pursue the lifestyle of your choice with independence.

#### ***You have a right to accessible information about services that are available to you.***

BRIDGES is committed to empowering you to exert independence, choice, and control in every aspect of your life and in so doing; we honor your right to accessible information, in a form and language that you understand so that you can make informed decisions.

#### ***You have the right to an advocate or personal representative.***

You have the right to designate someone to act as your personal advocate with the authority to help you assert all the rights specified in this document. You have the right to have a personal representative/advocate present during all meetings and consultations at BRIDGES.

#### ***You have a right to be treated with respect and dignity.***

BRIDGES believes that all people must be treated with dignity and without regard to race, culture, ethnicity, religion, sexual orientation, national origin, disability, age, or socioeconomic status. You have a right to receive considerate, respectful service at all times and under all circumstances, with recognition of personal dignity, diversity, and religious or other beliefs.

#### ***You have a right to safety.***

At BRIDGES, we place your safety first. Every staff member has a role in maintaining a safe environment. Your perception of risk and safety as well as suggestions for improvement will be heard and responded to appropriately. Your recommendations for improvement are always welcome. You may submit your suggestions by emailing [compliance@BRIDGESrc.org](mailto:compliance@BRIDGESrc.org) or by calling the Compliance Officer at (845) 624-1366 extension 109.

### ***You have a right to voice your concerns.***

If you or your personal representative has a concern about any aspect of our services, you are urged to let us know so we can resolve it promptly. We consider your comments and grievances as opportunities for us to improve services. BRIDGES is committed to addressing your concerns and as such we request for you to submit your complaint in writing to a staff member. Grievance forms can be accessed by speaking to the front desk receptionist, or your Advocate. All grievances are held in confidence and will not affect any services that you may seek in the future.

### ***Participant Responsibilities***

BRIDGES will provide you with programs and resources to support you regardless of race disability, age, religion, ethnicity, sex or economic status in a respectful and professional manner. BRIDGES will work with you collaboratively to obtain your stated goals as long as you are working cooperatively on the objectives. As BRIDGES is peer-directed Agency, your role in exerting independence is integral to the joint effort required to meet your Independent Living goals and objectives. As a participant you play an integral role in acquiring services at BRIDGES because our services are peer-directed in nature.

#### Therefore, you are responsible for:

Participating in efforts to exert independence.

Respecting all members of BRIDGES, including staff, other participants, and visitors.

Providing, to the best of your knowledge, accurate and complete information about your current state of health and wellness as it applies to receiving supports through BRIDGES that helps you to become more autonomous.

Reporting unexpected changes in your condition that may affect how we assist you, to the responsible Advocate.

Communicating whether you clearly understand the scope of available services and what is expected of you.

Keeping your appointments and notifying BRIDGES staff when you are unable to do so. To cancel or reschedule an appointment with an Advocate, call (845) 624-1366.

### ***Standards of Conduct***

#### ***As a participant, you agree to:***

Engage in positive behavior and avoid any activities that constitute abuse, whether physical, verbal, financial or emotional to any member or members/participants of BRIDGES

Contribute to a safe environment by agreeing to avoid possessing dangerous or unauthorized materials or weapons such as firearms, knives, or explosives while on BRIDGES property, or with BRIDGES staff, volunteers, visitors, or associates offsite

Use BRIDGES property only for the intention to fulfill your Independent Living goals  
Avoid any criminal conduct while on BRIDGES Property

Avoid any inappropriate behavior, including disorderly or obscene conduct, fighting or threatening violence on the premises

Respect all Agency property and avoid damaging, destroying, stealing, or engaging in the unauthorized removal of BRIDGES property

Receive appropriate direction from BRIDGES staff, volunteers, or associates as it pertains to service delivery

### ***BRIDGES Grievance Procedure***

If you are not fully satisfied with your experience at BRIDGES, you may use the following methods to address concerns you have with our services:

You may request without prejudice, another Advocate who can remain the sole provider for the services you request

If you are unsatisfied with the service, you may first request a meeting with your Advocate, and you may even request that their Supervisor be present to hear your concern.

After the initial meeting, should you still be unsatisfied with the service, you may request to speak to the Compliance Officer, call (845) 624-1344 extension 109.

You may request to speak to the Executive Director, if you continuously remain unsatisfied with the service. You

may choose to bypass these options and directly contact ACCES-VR offices at:

Phone: 1-800-222-5627

Address: Joe Tedesco, Program Manager

ACCES-VR

1 Commerce Plaza, Room 1601

Albany, NY 12234

You may choose to contact the Client Assistance Program (CAP) with ACCES-VR questions or concerns:

Phone: 518-432-7861 (Voice and TTY)  
800-993-8982 (Toll Free)

Address : Disability Rights New York

5 Clinton Square, 3<sup>rd</sup> Floor

Albany, NY 12207

[mail@disabilityadvocates.org](mailto:mail@disabilityadvocates.org)

You must file your complaint about services rendered at BRIDGES by:  
Submitting your complaint in writing by completing a 'Participant Grievance Form'





## INCIDENT REPORT

### Employee Information

Name of Person claiming incident: \_\_\_\_\_

Job Title: \_\_\_\_\_

### Incident Information

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident including any injuries and/or property damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to Incident: \_\_\_\_\_

How was incident resolved?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What ideas do you have for remedying the situation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of person preparing report: \_\_\_\_\_

Date: \_\_\_\_\_

# **BRIDGES**



## **Fiscal Policy and Procedure Manual**

### **2022**

# BRIDGES Fiscal Policy and Procedure Manual

## Table of Contents

INTRODUCTION.....	35
SEGREGATION OF DUTIES.....	36
ANNUAL AUDIT.....	37
ANNUAL BUDGET.....	38
ACCOUNTING DOCUMENTATION AND DEVELOPMENT OF PROCEDURES.....	39
BANK STATEMENTS.....	40
AUTHORIZED SIGNERS FOR DISBURSEMENTS.....	41
DISBURSEMENT THROUGH THE ISSUANCE OF CHECKS & ACH PAYMENTS.....	42
AUTHORIZED USE OF BUSINESS CREDIT CARD.....	43
EVIDENCE OF TAX EXEMPT STATUS.....	44
DEPOSIT OF FUNDS.....	45
PETTY CASH FUND.....	46
EMPLOYEE EXPENSE REIMBURSEMENT.....	47
BID POLICY.....	49
EQUIPMENT PURCHASES.....	50
PAYROLL.....	51



## INTRODUCTION

BRIDGES fiscal policy and procedure manual explains the manner in which fiscal operations are performed. The manual describes the financial functions performed by the organization, describes the flow of financial documents through the organization and identifies the personnel required to verify the accuracy of all financial transactions. The manual's purpose is to promote efficient, accurate and consistent management practices.

Specifically, BRIDGES fiscal policy and procedure manual is designed to:

- Define the fiscal policies and procedures
- Assign each task to specific staff and board position(s)
- Divide sensitive tasks among several staff and board positions
- Ensure proper authorization of all expenditures
- Allocate sources of funding to the appropriate expenditures
- Ensure timely analysis and reporting

## SEGREGATION OF DUTIES

Fiscal duties will be segregated among staff, contractual service providers, and the Executive and Finance committees of BRIDGES, as listed below. Individuals in the identified roles below may designate others to complete tasks, however the person in the role is responsible for ensuring the task is completed accurately and in compliance with these policies.

- A. The Executive Director shall be responsible for budget development, approval of check requests, ACH transactions, draws on line of credit, approval and confirmation of deposits, signing of all approved checks, review of bank and credit card statements, and review of monthly budget/expenditure reports.
  
- B. The Director of Finance shall be responsible for preparing accounts payable, preparing accounts receivable for deposit, and filing all fiscal documents in an established filing system for the given fiscal year.
  
- C. The Director of Finance will post all financial transactions and prepare all fiscal reports. Duties include, but are not limited to, posting accounts receivable/deposits and accounts payable/checks, reconciliation of bank and credit card statements, preparation of monthly budget/expenditure reports, and posting of all fiscal data into the financial database program.
  
- D. The Executive Director will be responsible for review and approval of timesheets.
  
- E. The Director of Finance will be responsible for the preparation of payroll in accordance with the requirements of the payroll service.
  
- F. The payroll service will be responsible for payroll administration and payment of all state and federal taxes, including FICA and unemployment.
  
- G. The Finance Committee shall review and approve the budget/expenditure reports at their meetings and report activity to the full board at the quarterly meetings.

## **ANNUAL AUDIT**

The Audit Committee shall be comprised of at least three “independent directors” as outlined in BRIDGES’ By-Laws. An annual audit or review will be completed for BRIDGES. The audit or review will be conducted by an independent certified public accountant. This report deals with the credibility of the organization’s financial reporting and accounting procedures. The outcome of the annual audit or review will be presented to the Audit Committee for review and approval and then to the full board at its next quarterly meeting.

In the event that BRIDGES receives Federal or State grant funds equal to or in excess of the limits that require an A-133 Federal grant audit or State grant audit, such audit in compliance with generally accepted accounting standards will be completed and submitted to the appropriate governmental agency.

## ANNUAL BUDGET

Planning is an important ongoing process for any organization. The annual budget provides the organization with the opportunity to carefully match the goals of the organization with the resources necessary to accomplish those goals. The budgeting process for the new fiscal year will begin no later than July and be completed for the full board to review and approve the budget at the September meeting. The executive director will draft a proposed budget and submit it to the Finance Committee for discussion and approval. The Finance Committee will submit the approved budget to the Executive Committee. Upon approval by the Executive Committee, the proposed budget will be submitted to the full board for approval at the quarterly meeting in September.

The Executive Director will analyze the budget against actual revenues and expenses on a monthly basis. A copy of the financial report, with explanation of large or unusual variances, will be forwarded to the members of the Finance Committee prior to each meeting. The full board will receive these reports at their regularly scheduled quarterly meetings for review, discussion, and approval.

## **ACCOUNTING DOCUMENTATION AND DEVELOPMENT OF PROCEDURES**

BRIDGES will establish and maintain records to record costs of the organization based on generally accepted accounting principles (GAAP), as well as any applicable Federal or State guidelines.

- A. Costs are documented and recorded through the general accounting process based on GAAP. The systems established for purchase orders, check & ACH disbursements, petty cash disbursements, and accrual of costs all support the measurement and reporting of direct and indirect expenses of the organization.
  
- B. Cost categories of the organization include:
  - 1. Personnel expenses.
  - 2. Management and general.
  - 3. Project grant or contract expenses.
  - 4. Capital equipment.
  
- C. Interim financial statements are produced each month reporting costs for each category. The information is also used to assist in the process of developing the organization's budget and to assist in the projection of costs and budgets for the upcoming year.
  
- D. The executive director and the Finance Committee analyze interim financial reports on a quarterly basis to determine whether a change in procedure is warranted. This review includes, but is not limited to:
  - 1. Significant changes in direct and indirect costs.
  - 2. Significant changes in personnel expenses.
  - 3. Significant changes in management and general costs.
  - 4. Annual auditing outcome.

## BANK STATEMENTS

The following procedure for receipt and reconciliation of bank statements will be followed:

- A. The Executive Director opens and reviews bank statements upon receipt. The executive director will initial the bank statements to indicate review.
  
- B. Once that review has been completed, the statements are forwarded to the director of finance for reconciliation.
  
- C. The Director of Finance will complete reconciliation against BRIDGES records within 30 days of receipt. Discrepancies will be reported immediately to the executive director.
  
- D. Once reconciliation has been completed, the bank statements and reconciliation report will be filed by the director of finance.
  
- E. The treasurer or designee will review all reconciliation statements on at least a quarterly basis and will initial to indicate review.

## **AUTHORIZED SIGNERS FOR DISBURSEMENTS**

Individuals authorized to sign checks on behalf of BRIDGES include the chairperson, treasurer, the Executive Director and the Deputy Executive Director. Any changes to this policy must be recommended by the Executive Committee and approved by the full board. The Executive Director and Deputy Executive Director have the authority to sign any checks below \$10,000 and checks for budgeted expenses or expenses discussed at a meeting of greater than \$10,000. Checks for unbudgeted or undiscussed expenses greater than \$10,000 must include a second signature from the chairperson, treasurer or designee.

## **DISBURSEMENT THROUGH THE ISSUANCE OF CHECKS & ACH PAYMENTS**

The following procedures will be followed when issuing checks & ACH payments:

- A. At least bi-weekly, the Director of Finance or designee will review and allocate all bills/invoices according to the agency budget. The Director of Finance or designee will write the cost allocations on the bill/invoice and forward to the executive director or designee for review. The Executive Director or designee will initial to indicate review and approve all expenses and cost allocations for processing.
- B. For any unbudgeted expenses, the staff requesting a check or ACH payment will prepare a payment request form to request the issuance of check or ACH payment for accounts payable. They will record the vendor name (as it is to appear on each check), purpose of request, banking information (if applicable) and total amount and attach the original vendor invoice to the payment request.
- C. The Executive Director or designee will approve and initial all payment request forms and provide them to the director of finance or designee for processing.
- D. If the payment being requested is for an unbudgeted or undiscussed expense over \$10,000, the executive director will obtain the written approval of the chairperson or treasurer. The payment request form will be faxed or emailed to the chairperson or treasurer, who will sign and date the payment request form upon approval.
- E. The Director of Finance or designee will process checks and ACH payments to vendors of budgeted/approved expenses.
- F. The Executive Director and board officer, when required, will sign each approved check and return the checks and attached original invoices to the director of finance. For ACH payments, the Executive Director and board officer, when required, will sign the ACH payment receipt.
- G. The Director of Finance or designee will mail the checks with any necessary documentation. The supporting documentation retained will be stapled to the check stub or ACH payment receipt and filed alphabetically in the vendor files in a secure cabinet.
- H. Unused checks will be safeguarded at all times and kept in a locked cabinet when the office is closed. Log in to access BRIDGES' banking institution and ACH portal is maintained in a secure password folder, access to which must be approved by the executive director.



## AUTHORIZED USE OF BUSINESS CREDIT CARD

The Executive Director is authorized to obtain a business credit card and to sign for all purchases. The credit limit shall be no more than \$19,000. The Executive Director has the authority to make and/or approve any credit card purchase below \$2500 and any credit card purchase for a budgeted expense greater than \$2500. If a credit card purchase for an unbudgeted expense is \$2500 or more, the chairperson or the treasurer must give written approval. Under no circumstances may the business credit card be used for personal expenses.

The following procedures will be followed in making credit card purchases:

- A. The Executive Director will make or authorize all purchases under \$2500 and budgeted purchases over \$2500. After such a purchase is made, the credit card receipt with cost allocations recorded on it will be submitted to the executive director or designee for signature.
- B. For any unbudgeted credit card purchases over \$2500, the Executive Director will complete the credit card voucher in advance of the purchase and submit it via fax or email to the chairperson or treasurer for approval. The chairperson or treasurer will sign and date the voucher upon approval. After the purchase is made, the credit card receipt will be attached to the voucher.
- C. The executive committee will be responsible for periodic review of all credit card purchases to ensure the agency credit card is being used in accordance with organizational policies. At least quarterly, the Executive Director will forward the agency credit card statements to the executive committee for review. Review will be noted in minutes from the executive committee meetings.
- D. If the agency credit card is missing or stolen, this event must be reported to the credit card company immediately in accordance with its lost card policy. The executive committee must be informed when this occurs and how it has been resolved. Credit card numbers should not be provided to any vendors making unsolicited offers by telephone.
- E. The Director of Finance will reconcile the credit card receipts and the credit card statement within 30 days of receipt.
- F. The treasurer or designee will review all reconciliation statements on at least a quarterly basis and will initial to indicate review.

## **EVIDENCE OF TAX EXEMPT STATUS**

The vendor or service provider will be provided with evidence of BRIDGES' tax exempt status (NYS Exempt Organization Certificate, Form ST-119.1) whenever a product or service is paid for, by check, ACH, or credit card, for which sales tax would otherwise be collected. In the event that it is not possible to provide Form ST-119.1 to a vendor or service provider, e.g., for certain Internet purchases, an explanation for paying sales tax will be noted on the check request form or credit card receipt.

## DEPOSIT OF FUNDS

The following procedures will be followed in the process of depositing funds:

- A. The office manager or designee is responsible for opening all agency mail except that from a bank or financial institution. The office manager will stamp a restrictive endorsement "for deposit only" on all incoming checks as soon as they are received, make a copy and forward to the director of finance for deposit.
  
- B. The Director of Finance or designee will prepare the bank deposit slip for checks and other funds to be deposited, and will staple the copy of each check being deposited (or written backup in the case of cash) along with the deposit slip.
  
- C. The Executive Director or designee will review the completed deposit slip and items to be deposited for accuracy and initial. The Director of Finance or designee will make the deposit and provide the executive director with the bank-generated deposit receipt. The Executive Director will confirm that the bank-generated deposit receipt matches the deposit slip noted above and initial to indicate review.
  
- D. The Director of Finance will staple the bank-generated deposit receipt to the photocopied deposit materials and file all documents with the monthly cash receipts.
  
- E. On at least a bi-weekly basis, the deposits are recorded in a computerized general ledger and assigned a category such as member dues, grant income, corporate donation, etc.

## PETTY CASH FUND

Petty cash funds are used for any purchase in which a check cannot be issued. Whenever possible, checks are used. A locked box is kept for the petty cash funds and petty cash fund receipts. The director of finance will be the only person with control over the petty cash fund box and is responsible for distributing and reconciling the petty cash fund. When any cash is taken from the petty cash fund, a receipt that records amount, reason, day and person receiving the money is completed by the director of finance and approved by the Executive Director or designee. After a purchase has been made, the invoice or bill is attached to the receipt and any leftover cash is returned to the box. When the director of finance is not using the petty cash fund box, it is to be locked in a secure drawer or safe. The amount that can be reimbursed by petty cash funds is limited to \$200.00.

When petty cash funds need to be replenished, the director of finance prepares a reconciliation summarizing how the money was used, determining the expense category, and the amount of cash that remains. This summary and all the receipts are attached to the check request. A check is requested using the check request approval process for the amount of money used. The check is made out to "Cash" and the cash is put into the locked petty cash fund box.

## EMPLOYEE EXPENSE REIMBURSEMENT

All appropriate business expenses will be reimbursed in a timely manner using the following procedures:

- A. When an employee's personal vehicle is used in the conduct of BRIDGES business, all mileage is reimbursed at the current IRS rate per mile. Mileage is approved based on the following guidelines:
  - 1. Mileage is paid based on the distance to and from BRIDGES office or home, depending on which is closer to the destination. Mileage to and from an individual's home and BRIDGES office is not reimbursable.
  - 2. If the employee is traveling for a business-related activity outside his/her normally scheduled work hours, the employee will be reimbursed for the full mileage to and from home.
  - 3. Appropriate parking fees and tolls will be reimbursed when so indicated on the travel expense form.
  
- B. A travel expense form must be completed in its entirety to receive reimbursement. The person requesting reimbursement and the direct supervisor must sign the form and receipts must be attached. Failure to submit a receipt for a requested expense may jeopardize reimbursement. If no receipt is attached, an explanation for the lack of receipt must be included.
  
- C. The travel expense form must be turned in by the 15th of the following month, if the total monthly expenses exceed \$20. Failure to do so may result in forfeit of reimbursement. If the monthly total expenses do not exceed \$20, the person may choose to combine one or more months, submitting the expenses once the total exceeds \$20. If the employee is contract funded, all expenses for the contract year must be submitted by the 15<sup>th</sup> of the month following the contract year end. If necessary, travel expense forms may be submitted more than once per month.
  
- D. All non-local travel must be approved in advance. Employees who wish to plan out of town travel for business should seek approval from the executive director or direct supervisor well in advance, so that travel and payment arrangements can be made.
  - 1. Hotel reservations may be made using BRIDGES' credit card, with the Executive Director's approval. The office manager or designee will make all hotel reservations using the BRIDGES credit card. In order to charge the final hotel bill to the BRIDGES credit card, the employee must bring a letter from the executive director authorizing the charge. Following the travel, the hotel receipt must be submitted to the executive director or designee with cost

- allocation for signature. In the alternative, the employee may charge the hotel expense to his/her personal credit card and seek reimbursement. If the employee's personal credit card is used, the receipt is attached to the travel expense form. No personal expenses, such as movies, telephone calls, etc., are reimbursable.
2. Reimbursement for meals will be made based on the current GSA per diem rates. If an employee is traveling under a state contract, reimbursement for meals will be made under the state travel allowances. If the employee is traveling under any other contract that requires a particular reimbursement rate, reimbursement will be made using the contract rate.
- E. The travel expenses of the Executive Director are to be reviewed and approved by the executive committee on a monthly basis. All travel reimbursement checks to the executive director must be signed by an authorized signer other than the Executive Director.

## **BID POLICY**

- A. For any purchase of goods or services over \$5,000, BRIDGES will solicit bids from three or more vendors.
- B. The Executive Director, in consultation with the executive committee, will review bids received and take into consideration cost comparison, as well as expected return of work, timeline, MWBE certification and other relevant factors.
- C. The executive committee will approve final bidder selection.
- D. The executive committee will approve any sole source contracts over \$5,000.

## EQUIPMENT PURCHASES

- A. BRIDGES will purchase equipment according to the guidelines established by the funding source and maintain a current inventory of equipment on hand.
- B. All equipment purchases must be approved by the executive director and have approval from the Board of Directors as appropriate. All equipment with a value of less than \$750 or a useful life of less than two years will be expensed and reported under the expensed equipment category.
- C. An equipment inventory is kept of items with value of more than \$750 or useful life greater than two years. The director of finance keeps an equipment inventory.
- D. Upon approval of the Executive Director and applicable funding sources obsolete or no longer used equipment can be disposed of.



## PAYROLL

### A. Personnel:

1. The office manager is charged with the responsibility of maintaining personnel files on staff persons.
2. Each personnel file should contain the following information, at a minimum.
  - a. Employment application or resume
  - b. Copy of job posting
  - c. Offer of Employment Letter
  - d. Signed acknowledgement of receipt of employee handbook
  - e. Position, pay rates and changes therein
  - f. Authorization of payroll deductions
  - g. W-4 Form, withholding authorization
  - h. I-9 Immigration Form
  - i. IT-2104 NYS Tax Form
  - j. Termination data, when applicable
3. All personnel records are to be kept locked in a locking file cabinet. Access to these files other than by the office manager, Director of Finance, Executive Director or the auditor should be requested to the Executive Director.

### B. Payroll Preparation and Timekeeping:

1. Timesheets are to be prepared by all staff persons and submitted bi-weekly.
2. Timesheets are to include specific time spent on each grant/project, if the employee works on more than one grant.
3. Timesheets are to include specific time the employee 1) began work, 2) stopped for a meal break, 3) returned from a meal break, and 4) ended the workday.
4. Timesheets are to be signed by the staff person and his/her supervisor.
5. All approved timesheets should be submitted to the office manager or designee, who will verify availability of requested benefit time.
6. The office manager will provide information on hours each pay period to the Director of Finance.
7. The Executive Director will review the payroll summary report for inappropriate payees or unusual hours or allocations.

8. BRIDGES utilizes direct deposit for paychecks. A direct deposit authorization form must be completed and given to the office manager or Director of Finance. Through direct deposit, payroll is deposited as cash into the employee's account on payday. In the event that an employee is not able to utilize direct deposit, a paycheck will be available for the employee on payday. If requested by the employee, it can be mailed to their home.